

**REGISTRATION FORM PART 1**

Please note: You can also register online @ [www.esont.org](http://www.esont.org)

REGISTRATION NO.

FOR OFFICE USE ONLY

**GENERAL DETAILS** (PLEASE PRINT IN BLOCK CAPITALS)

LAST NAME:

FIRST NAME:

TITLE:

ADDRESS:

CITY:

COUNTRY:

TEL:

FAX:

EMAIL:

**REGISTRATION FEES**

ESONT Member \* €85

Non-Member €135

\* Join now - please see membership form on last page, or go to [www.esont.org](http://www.esont.org)

**PAYMENT SUMMARY**

- Registration Fee - ESONT Member
- Registration Fee - Non-Member
- Courses (enter details on following page)
- Tours (enter details on following page)

Membership No:

Total \_\_\_\_\_

**PAYMENT METHOD**

Visa  
  MasterCard  
  American Express

Card No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Exp.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Security Code 3 digits on Visa & Mastercard, printed on the reverse of card, 4 digits on Amex
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Cardholder Name (PLEASE PRINT):

Cardholder Signature:

Date:

Payment by bank transfer in euro made payable to ESCRS will also be accepted.

Account Name: European Society of Cataract & Refractive Surgeons  
 Bank: AIB Bank, Bankcentre, Dublin 4, Ireland  
 IBAN: IE40AIBK93126804847102  
 Swift: AIBKIE2D

Please Note:

Your registration will not be accepted without payment.

Cancellations before 31 July 2009 – Fees refunded less €50 administration fee. Cancellations after 31 July 2009 – No refunds.

Please return completed form to ESONT, Temple House, Temple Road, Blackrock, Co. Dublin, Ireland  
 Tel: +353 1 209 1100 Fax: +353 1 209 1112 Email: [registration@escrs.org](mailto:registration@escrs.org)

## REGISTRATION FORM PART 2

YOU MUST COMPLETE THIS PAGE CAREFULLY IN ORDER TO BOOK A PLACE ON THE CORRECT COURSE/TOUR

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

### COURSES & WETLABS

Please indicate your chosen course(s). As some courses take place simultaneously, please check that you have not chosen courses whose times overlap.

#### SATURDAY 12 SEPTEMBER

E1	10.00 – 12.00	Refractive Surgery for Nurses & Technicians (Part 1 – Theory)	€25	<input type="checkbox"/>
E2	12.30 – 13.30	IOLs: Materials, Shapes and Complications	€25	<input type="checkbox"/>
E3	14.00 – 16.30	Standardised Biometry for Premium Surgical Outcomes	€25	<input type="checkbox"/>
E4	13.00 – 15.00	Refractive Surgery for Nurses and Technicians (Part 2 – Practical)	€50	<input type="checkbox"/>
E5	14.30 – 16.30	Optical Coherence Tomography (OCT)	€50	<input type="checkbox"/>
E6	08.00 – 10.30	Phacoemulsification for Nurses	€50	<input type="checkbox"/>
E7	11.00 – 13.30	Phacoemulsification for Nurses	€50	<input type="checkbox"/>
E8	14.00 – 16.30	Phacoemulsification for Nurses	€50	<input type="checkbox"/>

#### SUNDAY 13 SEPTEMBER

E9	08.00 – 09.15	Standardised Biometry Labs	€25	<input type="checkbox"/>
E10	09.30 – 10.45	Standardised Biometry Labs	€25	<input type="checkbox"/>
E11	11.00 – 12.15	Standardised Biometry Labs	€25	<input type="checkbox"/>
E12	08.00 – 10.00	Visual Fields	€50	<input type="checkbox"/>
E13	11.00 – 13.00	Slit Lamps	€50	<input type="checkbox"/>
E14	13.00 – 15.00	Confocal scanning laser tomography (cSLT) of the retina using the Heidelberg Retina Tomograph	€50	<input type="checkbox"/>

#### MONDAY 14 SEPTEMBER

IC67 08.00 – 10.00 EUREQUO for improving my outcomes (No Charge)

Please enter the total amount in the Payment Summary on the previous page

### ESONT GALA EVENING

#### SUNDAY 13 SEPTEMBER

I would like to attend the ESONT Gala Evening  I would like a ticket for my spouse/partner

#### TOURS: (details on page 7)

		Cost per person	No. of tickets	Total Cost
<b>SUNDAY 13 SEPTEMBER</b>	Classic Barcelona	€33	_____	_____
	Gaudi and Modernism	€33	_____	_____
<b>MONDAY 14 SEPTEMBER</b>	Classic Barcelona	€33	_____	_____
	Montserrat	€98	_____	_____
<b>TUESDAY 15 SEPTEMBER</b>	Gothic Quarter	€39	_____	_____
	Camp Nou & Olympic Barcelona	€43	_____	_____

Please enter the total amount in the Payment Summary on the previous page

**Total:** \_\_\_\_\_

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