



Stockholm 2007

REGISTRATION FORM PART I

Please note: You can also book online @ www.es CRS.org

GENERAL DETAILS (PLEASE PRINT IN BLOCK CAPITALS)

REGISTRATION NO.

FOR OFFICE USE ONLY

LAST NAME: _____

FIRST NAME: _____ TITLE: _____

ADDRESS: _____

CITY: _____ COUNTRY: _____

TEL: _____ FAX: _____

EMAIL: _____

REGISTRATION FEES

	Before 30 June	From 1 July	Onsite
ESCRS Member*	e450	e500	e600
Non-Member	e550	e600	e700
Trainee - ESCRS Member*†	e200	e250	e250
Trainee - Non-Member†	e250	e300	e300
Healthcare Professional (Non-Ophthalmologist)	e220	e245	e300

* Join Now - Please visit our website for full details www.es CRS.org

† Please supply letter of verification for trainee registration

PAYMENT SUMMARY

- Registration Fee - Member _____
- Registration Fee - Non-Member _____
- Registration Fee - Healthcare Professional _____
- Refractive Surgery Didactic Course e250 (registered delegates only) _____
- Instructional Course(s) e30 per course (enter details on following page) _____
- Surgical Skills Training Course(s) e100 per course (enter details on following page) _____
- Tours (enter details on following page) _____

Total _____

PAYMENT METHOD

Visa MasterCard American Express

Card No.

Security Code
3 digits on Visa & Mastercard, printed on the reverse of card, 4 digits on Amex

Exp.

Cardholder Name (PLEASE PRINT): _____

Cardholder Signature: _____ Date: _____

Payment by bankdraft in euro (drawn on an Irish Bank) made payable to ESCRS will also be accepted. Your registration will not be accepted without payment.

Cancellation Policy:

Cancellations must be submitted in writing.
 Cancellations before 30 June 2007 - Fees refunded less e50 administration fee.
 Cancellations between 1 July & 31 July 2007 - Fees refunded less 20%.
 Cancellations after 31 July 2007 - No refunds.
 Refunds will not be made until after the Congress.

Please return completed form to ESCRS, Temple House, Temple Road, Blackrock, Co. Dublin, Ireland
 Tel: +353 1 209 1100 Fax: +353 1 209 1112 Email: es CRS@es CRS.org



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REGISTRATION FORM PART II

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

LAST NAME: _____

FIRST NAME: _____

INSTRUCTIONAL COURSES €30 per course (details on pages 4-5)

Please circle your chosen course(s). A number of courses take place simultaneously, you are advised to check the schedule carefully

SATURDAY	1	2	3	4	6	7	8	9	
	10	11	12	13	14	15	16	17	18
	19	20	21	26					

MONDAY	46	47	48	49	50	51	52	53	54
	55	56	57	58	59	60	61	62	63
	64	65	66	67	68				

SUNDAY	22	23	24	25	27	28	29	30	31
	32	33	34	35	36	37	38	39	40
	41	42	43	44	45				

TUESDAY	5	69	70	71	72	73	74	75	76
	77	78	79	80	81	82	83	84	85
	86	87	88	89	90	91	92		

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

SURGICAL SKILLS TRAINING COURSES €100 per course (details on pages 6-7)

Please circle your chosen course(s). A number of courses take place simultaneously, you are advised to check the schedule carefully. Please ensure that you have also booked the relevant pre-requisite instructional course. (See page 6 for details).

SATURDAY 01 02

SUNDAY 03 04 05 06 07 08 09 10

MONDAY 11 12 13 14 15 16 17 18 19 20 21 22 23

TUESDAY 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39

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

TOURS (details on page 10)

		Cost per person	No. of tickets	Total Cost
Sunday 9 September	Panoramic Stockholm & the Vasa Museum	€35	_____	_____
	City Hall & Millesgården	€42	_____	_____
Monday 10 September	Alfred Nobel & the Nobel Prize	€45	_____	_____
	Stockholm Beauty on Water	€40	_____	_____
Tuesday 11 September	Stockholm Beauty on Water	€40	_____	_____
	Drottningholm Palace & Court Theatre	€50	_____	_____

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

Total: _____

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