**OPTHALMOLOGIC ULTRASONOGRAPHY COURSE**

**APPLICATION FORM**

**Please fill out form in blue or black pen, in block capitals**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COURSE:** | **(PLEASE CIRCLE YOUR CHOICE)**  **Opthalmic Assistants/Nurses/Trainees** | | | | | | **Consultants** | | | | |
| **Lectures only**  **( 1 day $150USD)**  **Lectures & practical (2 days $250USD)** | | | |  | | **Lectures only**  **(1 day $250USD)**  **Lectures & practical**  **(2 days $350USD)** | | | |  |
| **PERSONAL DETAILS (This will be the name on your CME certificate)** | | | | | | | | | | | |
| **……………………………………………………………………………………………………………………… …………** | | | | | | | | | | | |
| **Surname** | **Middle Name** | | | | | **First Name** | | | | **Title** | |
| **Contact Address:** | | | | | | | | | | | |
| **Tel Number:** | | **………………………………**  **Home** | **………………………**  **Cellular/Mobile** | | | | | | **……………………………**  **Work** | | |
| **Email Address:** | |  | | | | | | | | | |
| **Hospital/Institution:** | | | **Specialty** | | | | | | | | |
| **CONFERENCE DINNER ATTENDANCE YES NO** | | | | | | | | | | | |
| **Vegetarian**  (No Milk, eggs or other dairy)  **Non Vegetarian**  (Chicken or Fish) | | | |  | | | |  | | | |
| **Chicken** | | | | **Fish** | | | |

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**SIGNATURE (PARTICIPANT/ATTENDEE) DATE**

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| --- |
| **FOR OFFICIAL USE ONLY**  **Early bird registration 10% discount**  **Bank Draft**  **Cheque**  **UWI Cashier** |