**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** |