



12th International Myopia Conference

8 - 11 July, 2008

Palm Cove Resort, Queensland

ABN: To be advised

REGISTRATION FORM Deadline for early registration April 11, 2008

Return this form with payment for all fees to: *IMC 2008*
(PLEASE PRINT CLEARLY) *8 Ewart St, Malvern, Vic 3144*
Australia Fax: 03 9509 8206

Family name: Title: (Prof/Dr/Mr/Mrs/Miss/Ms)

Given name: Sex (M/F):

Mailing address

City: State: Postcode:

Country:

Telephone Work: Home: Fax:

E-mail:

Preferred First Name:
(for name badge)

Institution:
(for name badge)

SECTION A - REGISTRATION CATEGORY

Please tick the appropriate box. **All fees include GST** - the fee shown in parenthesis will apply to all payments received after April 11, 2008

Full
\$330 (\$440)

Student
\$200 (\$250)

*** Students must have this certification signed by their supervisor or head of department**

I certify that the applicant is a full time student Name of supervisor/head

Signature

SECTION B - ACCOMPANYING PERSONS

The accompanying persons fee is \$100. This includes the Welcome Reception and Conference Dinner. It does not cover attendance at the scientific sessions.

Name: \$.

Name: \$.

Name: \$.

Total Accompanying Persons Fees \$.

