



# 12th International Myopia Conference

## 8 - 11 July, 2008

Palm Cove Resort, Queensland

ABN: 64 819 395 001

### **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 \$. .....

