



Spring Symposium 29/8/2014

***“Ophthalmic Emergencies”***

Bill Gallagher Room, Wintec, Hamilton

**Personal Information**

Title\_\_\_\_\_ Surname\_\_\_\_\_ First name\_\_\_\_\_

Name on Badge\_\_\_\_\_ City\_\_\_\_\_

*e.g. Dr Frank Stein*

Postal

Address\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone\_\_\_\_\_

Fax\_\_\_\_\_

Email\_\_\_\_\_

Special Requirements (e.g. gluten free, wheelchair, vegetarian )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Registration fees\***

Ophthalmologist	\$350
Optometrist	\$350
Registrar/Fellow/	\$195
Nurse/orthoptist/scientist	\$195
Industry Representative	\$350

*Registration fee includes morning tea, lunch, afternoon tea & a donation to the Save Sight Society*

**Payment**

*The Save Sight Society is a charitable organization & is not registered for GST*

**Registration fee:** \$\_\_\_\_\_

**Option A**

Charge my credit card:

Cardholder's name\_\_\_\_\_

Card number \_\_\_\_\_

Expiry date\_\_\_\_\_ Signature\_\_\_\_\_

**Option B:**

Cheque-payable to "Save Sight Society"

**Option C:**

Direct Payment:

Payee: The Save Sight Society of New Zealand Incorporated

Account Number: 03-1560-0063258-00

Bank: Westpac

Reference number: Spring Symposium & your name

**To Register**

Please send/fax/email your completed registration form to:

Save Sight Society Spring Symposium

c/- Michelle Stevens

Hamilton Eye Clinic

130 Grantham Street,

Hamilton 3204

Fax 07 8394918

Email: [Michelle@hamiltoneyeclinic.co.nz](mailto:Michelle@hamiltoneyeclinic.co.nz)

*Confirmation of your registration will be emailed to you within 14 days*