

10-03-2012

Annual Meeting in Clinical Ophthalmology

AMICO

Joint congress: **BOG & NOC · OBAO · BSA · BGS**

Dolce La Hulpe, Belgium

Fill in this form and return to **AOB/AMICO, Kapucijnenvoer 33, 3000 Leuven**
info@ophthalmologia.be - Fax: +32 16 23 40 97

REGISTRATION FORM

Participant

Name:..... First name:.....

Address:

Zip code: City:

Email:.....

This is my home address office address

Registration*

ophthalmologist

resident in training

orthoptist

AFTER
March 1, 2012

AMOUNT
EUR

120 EUR

.....

40 EUR

.....

65 EUR

.....

TOTAL

.....

VAT included

** Coffee break and Lunch buffet included*

Payment

By banktransfer to: AOB/AMICO, BNP Paribas Fortis, Vital Decosterstraat 42, 3000 Leuven
Payment:account number: 001-6197921-85

Date

Signature