### A NOTE FOR YOUR DIARY

### *15th INTERNATIONAL PAEDIATRIC OPHTHALMOLOGY MEETING*

### *IN*

**15th and 16th October 2015**

***GIBSON HOTEL - DUBLIN***

**REGISTRATION FORM**

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**Last Name: First Name: Title:**

**Address:**

**Tel: Email:**

**Hospital Connection:**

**EURO STERLING**

**REGISTRATION FEES:**

**Consultant Ophthalmologist €250 ( ) £220 ( )**

**Community Ophthalmologist €200 ( ) £170 ( )**

**NCHD €200 ( ) £170 ( )**

**Orthoptist €150 ( ) £130 ( )**

**Nurses €150 ( ) £130 ( )**

**Please make cheques payable to International Paediatric Ophthalmology Meeting (IPOM) . We have to limit attendance to this meeting so please register early.**

***Please clearly print your name and address on Form and send with Fee***

***To:Helen Murphy Suite 5, Mater Private Hospital, Eccles Street, Dublin 7***

**Tel: 00 353 1 885 8626 / 00 353 87 2722755**

**Email: hmurphy@materprivate.ie**

**Please tick ( ) if you require a receipt for fees paid.**