

# First congress of the Society for Ophthalmology- Immunoinfectiology in Europe (SOIE) & Moorfields Eye Hospital Course on Basics in Uveitis

## REGISTRATION FORM

To be completed and returned no later than **May 15, 2005**

to Carl P Herbort, MD, PD, La Source Eye Centre,

2, Avenue des Bergières, **CH-1004 Lausanne**, Switzerland

Fax: +41 (0) 21 648 60 10 Fax + 41 (0) 21 799 15 79; E-mail: [carl.herb@bluewin.ch](mailto:carl.herb@bluewin.ch)

E-mail : [info@soie-soif.org](mailto:info@soie-soif.org)

First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Affiliation : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

City/State/Zip : \_\_\_\_\_

Country : \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_ Email : \_\_\_\_\_

SOIE member : Yes : \_\_\_\_\_ No : \_\_\_\_\_

Arrival : \_\_\_\_\_ Departure : \_\_\_\_\_

Date : \_\_\_\_\_ Signature : \_\_\_\_\_

Please underline chosen solution and circle the price	Before May 15, 2006	After May 15, 2006 and on-site#	
Moorfields Course : Thurs. PM & Fri. AM*	190 €	220 €	# only cash
SOIE Symposium : Fri. PM & Sat. (non-members) **	300 €	330 €	
SOIE Symposium (SOIE members)**	250 €	280 €	
Moorfields Course & SOIE (non members)***	400 €	430 €	
Moorfields Course & SOIE (SOIE members)***	350 €	380 €	
Accompanying person for whole period ***	200 €	230 €	
Dinner Saturday evening (per person)	70 €	70 €	

\* includes welcome cocktail & lunch Friday noon & 2 coffee breaks

\*\* includes SOIE-dinner Friday evening and lunch Saturday noon & 3 coffee breaks

\*\*\* includes welcome cocktail, Thurs. evening; lunch Fri. and Sat. noon; SOIE Dinner Fri. evening & coffee breaks

### **Payment details**

**By bank transfer** : to Carl Herbort/Jean-Marc Riss / Congress-Account 0112235000K, Bank Code 12739,  
IBAN MC 62 1273 9000 7001 1223 5000K08 at Credit Foncier Monaco, 2 Rue des Princes MC 98000 Monaco

**By credit card:**       Visa       Master Card

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ 3-Digit Security Code : \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**We authorize the SOIE to debit our credit card for the amount of € \_\_\_\_\_**

Signature : \_\_\_\_\_ Date : \_\_\_\_\_