

Zur Anzeige wird der QuickTime™
Decompressor "Foto" -JPEG"
benötigt.

Charité - Universitätsmedizin Berlin
Campus Benjamin Franklin
Department of Ophthalmology
Hindenburgdamm 30
12200 Berlin
Germany

Tel: +49 (0)30 8445 2334
Fax: +49 (0)30 8445 4450

Registration

1st IOIS Practical Ocular Pathology Course in Berlin, Germany
22 and 23 September 2005

Name: _____

Institution: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

I will attend the 1st Practical Ocular Pathology Course on 22 and 23 September 2005 in Berlin Yes

No

I will be attending the social evening on Thursday 22 September 2005 Yes Number of people _____ *

No

*Please note: An additional charge of €30.00 will be made for accompanying persons not registered for the course.

Please transfer your fee; (e.g. €150.00 / €180.00 / €210.00) to the following bank account:

Bank: **Landesbank Berlin** BLZ: **100 500 00** Konto Nr: **127 000 555 0**

Verwendungszweck (Reference): **473000 / 98 22 070 YOUR SURNAME**

Please note: It is important to quote the reference followed by your surname to ensure that your payment is correctly allocated.

Date: _____ Signature: _____

Registration Deadline: 28.08.2005

Please return to: Mr.
IOIS 2005
Charité - Universitätsmedizin Berlin
Campus Benjamin Franklin
Department of Ophthalmology
Hindenburgdamm 30
12200 Berlin
Germany

Tel: +49 (0)30 8445 2334
Fax: +49 (0)30 8445 4450
Email: IOIS-2005@charite.de