

EUPO

European University Professors of Ophthalmology

Leuven, Belgium

June 29 - 30

www.eupo.eu

2012



Fill in this form and return to AOB/EUPO, 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

Accompanying person

Accompanying persons can participate in the Welcome Reception (Thursday evening) and the EUPO party (Friday evening)

VAT included

** Coffee break and Lunch buffet included*

AFTER
May 15, 2012

AMOUNT
EUR

500 EUR

.....

310 EUR

.....

310 EUR

.....

150 EUR

.....

TOTAL

.....

Payment

IBAN: BE60 0016 4596 1270

BIC/Swift: GEBA BE BB

Bank: EUPO, BNP Paribas Fortis, Vital Decosterstraat 42, 3000 Leuven

If you pay by banktransfer join a copy of your signed bank transfer.

CANCELLATION AND REFUNDS: Refunds up to 75% of the advance registration fee will be granted for cancellation received in writing prior to May 21, 2012. Refunds will not be granted for later cancellation or no-shows.

Date

Signature