REGISTRATION FEE
EUROMYOPIA

FRIDAY 28 TH NOVEMBER 2008

❏ MEDICAL DOCTOR : 75 €

❏ STUDENT : FREE

❏ Mrs ❏ Mr ❏ MD Institution / speciality :

Name :

First name :

Adress :

City :

Postal code : Country :

Telephone 1 : Telephone 2 :

E-mail (important) :

Payment :

❏ Credit card (Visa only) VISA

N° :

Exp.date : Cryptogram :

Three last numbers behind your credit card

Signature :

Please return this form by letter, fax or e-mail to :

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6, rue du Gast
78100 Saint-Germain-en-Laye
Tél : 01 34 51 29 85
Fax 01 34 51 29 86
E-mail : jpcomb@wanadoo.fr

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EURO MYOPIA 2008

SPECIAL THANKS