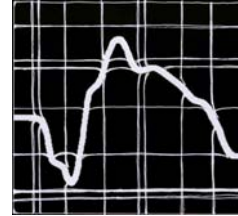


ISCEV XLIII Annual Symposium

International Society of Clinical
Electrophysiology of Vision (ISCEV)



Glasgow Scotland, 23-27 August, 2005.

REGISTRATION FORM FOR BriSCEV only

(Download separate forms for the ISCEV 2005, ISCEV Course or combined registrations)

NAME: _____

ADDRESS: _____

EMAIL: _____ TELEPHONE _____

Accompanying people (names): _____

Please tick the appropriate boxes from the table below.

	Before 6 June		After 6 June	
All Delegates	£145	<input type="checkbox"/>	£160	<input type="checkbox"/>
Additional adult ticket for BriSCEV function	£50	<input type="checkbox"/>	£50	<input type="checkbox"/>
TOTAL		<input type="checkbox"/>		<input type="checkbox"/>

I enclose a cheque / Bankers draft in British Pounds Sterling made payable to 'ISCEV 2005' to the value stated in 'Total' above.

Signature: _____ Date: _____

Please forward this form with your cheque / Bankers Draft to:

**Dr David Keating, ISCEV 2005, ElectroDiagnostic Imaging Unit, Tennent Institute
of Ophthalmology, Gartnavel General Hospital, 1053 Great Western Road,
Glasgow, G12 0YN, United Kingdom**