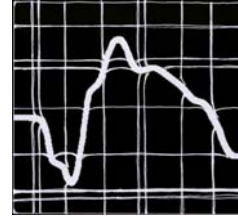


ISCEV XLIII Annual Symposium

International Society of Clinical
Electrophysiology of Vision (ISCEV)



Glasgow Scotland, 23-27 August, 2005.

REGISTRATION FORM FOR ISCEV 2005 + BriSCEV

(Download separate forms for individual registrations)

NAME: _____

ADDRESS: _____

EMAIL: _____ TELEPHONE _____

Accompanying people (names): _____

Please tick the appropriate boxes from the table below.

	Before 6 June		After 6 June	
ISCEV member	£395	<input type="checkbox"/>	£450	<input type="checkbox"/>
ISCEV Junior or Emeritus member	£375	<input type="checkbox"/>	£425	<input type="checkbox"/>
Travel Grant recipients	£295	<input type="checkbox"/>	£295	<input type="checkbox"/>
Non-member	£445	<input type="checkbox"/>	£495	<input type="checkbox"/>
Non-member student / Fellows / Trainee (Enclose a supervisors letter confirming your status)	£415	<input type="checkbox"/>	£470	<input type="checkbox"/>

Accompanying persons				
Adult(s) for ISCEV 23 -27 August	£285	<input type="checkbox"/>	£285	<input type="checkbox"/>
Additional adult ticket(s) for BriSCEV function on 22 August	£50	<input type="checkbox"/>	£50	<input type="checkbox"/>
Children* (7-15 years, evening meals and tours)	£170	<input type="checkbox"/>	£170	<input type="checkbox"/>
TOTAL				

* Children under 7, no charge, pay locally for food and accommodation.

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**