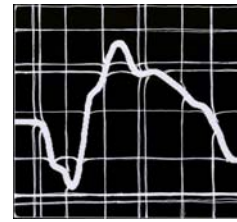


# ISCEV XLIII Annual Symposium

International Society of Clinical  
Electrophysiology of Vision (ISCEV)



Glasgow Scotland, 23-27 August, 2005.

## REGISTRATION FORM FOR ISCEV 2005 + BrISCEV (US \$)

(Download separate forms for individual registrations)

First Name (as it appears on credit card): \_\_\_\_\_

Last Name (as it appears on credit card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

Accompanying people (names): \_\_\_\_\_

Please tick the appropriate boxes	Before 6 June	After 6 June		
<b>ISCEV member</b>	\$715		\$815	
<b>ISCEV Junior or Emeritus member</b>	\$680		\$770	
<b>Travel Grant recipients</b>	\$535		\$535	
<b>Non-member</b>	\$805		\$895	
<b>Non-member student / Fellows / Trainee</b> (Enclose a supervisors letter confirming your status)	\$750		\$850	
<b>Accompanying persons</b>				
<b>Adult(s)</b>	\$520		\$520	
<b>Additional adult ticket(s) for BrISCEV function on 22 August</b>	\$90		\$90	
<b>Children*</b> (7-15 years, evening meals and tours)	\$310		\$310	
<b>TOTAL</b>				

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

Credit Card type: (VISA or Mastercard only) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Card Verification Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax this form to the ISCEV Treasurer:

**Prof. Ulrich Kellner**  
**Fax No: +49 228 4224367**