

## *Pantheo Eye Center Annual Congress 2012*

<i>Registration form</i>	
Last name	
First name	
Address	
Country	
Phone	
E mail	

Normal registration fee	250p	<i>Registration includes reception, gala dinner and lunches</i>
Paramedical staff	150p	
Spouce / guest registration	100p	
<b>Total payment due:</b>	<b>p</b>	

Please send by:

<i>Payment method</i>			
Check payable to: Panthéo Conference account	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	American express <input type="checkbox"/>
Card number:	3 digit security code:	Expiration date:	
Card holders name as it appears on the card:			

Fax: +35725732266

email to [conference@pantheo.com](mailto:conference@pantheo.com)

Post: Pantheo Eye Centre, 18 Robert Kennedy Street, Limassol 3076, Cyprus

*This form can be downloaded from our web site [www.pantheo.com](http://www.pantheo.com)*