



**XVIII CURSO REGIONAL PANAMERICANO
XVIII PAN-AMERICAN REGIONAL COURSE**

April 7 – 9, 2011 - Estoril, Portugal



PLEASE FILL IN THIS FORM WITH BLOCK LETTERS

REGISTRATION

ID PAAO (optional):	Degree: MD <input type="checkbox"/> PhD <input type="checkbox"/> Technician <input type="checkbox"/> Nurse <input type="checkbox"/> Other _____		
Name:			
Last name(s)	First name(s)	Middle initial	
Address:			
Street	No.Ext.	No.Int.	District
Telephone	Fax No.	E-mail (BLOCK LETTERS)	
Name of Companion(s):			

COURSE REGISTRATION	PAAO Active Member*	Non-Member	Resident (less than 32 y/o)	Invited Speaker	SPO Member	Companion
ALL PRICES IN EUROS (€) <i>(with US\$ equivalent)</i>	Registration includes: Access to all lectures, courses, workshops and symposia (except those that are by invitation only); Material (bag, blocks, pens, official program); Access to the Commercial Exhibit; Certificate of Participation; <i>Opening Ceremony and Cocktail (April 7th)</i> .					Companion registration includes: - Access to Commercial Exhibit - Opening Ceremony and Cocktail (April 7 th)
Until Sep. 30 th , 2010	€ 150 / U\$S 200	€ 250 / U\$S 325	€ 110 / U\$S 145	€ 100 / U\$S 130	€ 130 / U\$S 170	€ 80 / U\$S 105
Until Dec. 4 th , 2010	€ 200 / U\$S 260	€ 300 / U\$S 390	€ 130 / U\$S 170	€ 140 / U\$S 185	€ 180 / U\$S 235	€ 80 / U\$S 105
Until Feb. 28 th , 2011	€ 280 / U\$S 365	€ 350 / U\$S 455	€ 160 / U\$S 210	€ 170 / U\$S 225	€ 220 / U\$S 290	€ 80 / U\$S 105
On Site / April 7-9, 2011	€ 320 / U\$S 415	€ 400 / U\$S 520	€ 180 / U\$S 235	€ 200 / U\$S 260	€ 280 / U\$S 365	€ 80 / U\$S 105
Closing Ceremony: - Dinner - Live Show "Historia de um Povo"	€ 55 / U\$S 75	€ 55 / U\$S 75	€ 55 / U\$S 75	-	€ 55 / U\$S 75	€ 55 / U\$S 75

* PAAO Active Member. Ophthalmologists who pay annual membership fee to the PAAO. **PLEASE NOTE:** If you register as PAAO Active Member, but are not currently up on your dues, you will be charged the current-year dues in addition to the registration fee.

RESERVATION

Hotel:	Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/>
Check In:	Check Out:
Airport Transfer	Private <input type="checkbox"/> Regular <input type="checkbox"/>

* If the Hotel of your preference is full, a member of our staff will contact you in order to select another option.

FORM OF PAYMENT Mark the corresponding box with an X

<input type="checkbox"/> Cash	<input type="checkbox"/> Credit card charge	<input type="checkbox"/>	TOTAL AMOUNT € <input type="text"/>	TOTAL AMOUNT U\$S <input type="text"/>
<i>Charge will appear as Liderket S.A.</i>				
Type of credit card:	Visa <input type="checkbox"/>	Master Card <input type="checkbox"/>	American Express <input type="checkbox"/>	<input type="checkbox"/>
Card number: <input type="text"/>	<input type="text"/>	<input type="text"/>	Expiration date: <input type="text"/>	Security Code: <input type="text"/>
Date: _____	Signature of the Card Holder: _____			

CANCELLATION & REFUND POLICY: Requests for cancellation and refund must be received in writing.

- Until December 4th, 2010: For registrations: full refund less \$50 administrative fee per registration / For reservations: 1 night per room.
- After December 4th, 2010 to February 28th, 2011: 50% refund.
- After February 28th, 2011: No refund.

Secretariat / Official Travel Agency



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