

3rd Annual symposium of the Society for Ophtho-Immuno-infectiology in Europe (SOIE)

in conjunction with /en conjonction avec

12^{ème} Réunion de la Société d'Ophtho-Immuno-infectiologie Francophone (SOIF)

XIII^{ème} Symposium d'Ophthalmologie de Monastir

Réunion annuelle du Club d'Ophthalmologie pratique (COP)

Réunion annuelle des Rencontres Romandes du Glaucome (RRG)

Hotel El Mouradi, Oasis of Tozeur, Southern Tunisia

November 12 – 14, 2009

REGISTRATION & HOTEL RESERVATION FORM FICHE D'INSCRIPTION & DE RESERVATION D'HOTEL

First Name (Prénom) : _____ Last Name (Nom) : _____

Affiliation : _____

Mailing Address (adresse postale) : _____

City/State/Zip : _____

Country (Pays) : _____

Telephone : _____ Fax : _____ Email : _____

2009 paid SOIE/SOIF member : Yes : _____ No : _____

Arrival (Arrivée) : _____ Departure (Départ) : _____

Date : _____ Signature : _____

Underline chosen solution and circle the price Souligner solution choisie encercler le prix	Before 15. 9. 2009 Avant 15 sept 09	Late : after 15. 9. 2009 après 15 sept 09	On site Sur place
Registration / Inscription: participant (non membre)*	230 €	290 €	Same price as late registr. but only cash
Registration / Inscription: participant (SOIE membre)*	170 €	230 €	
Accompanying person / Personne accompagnante *	60 €	60 €	
Hotel accomodation per night single with breakfast	50 €		
Hotel accomodation per night double occupancy	80 €		
Number of nights : (____)	Total Hotel : _____		
Total	Total Inscript. _____	Grand Total _____	

*Inscription fee includes welcome cocktail, Thurs. evening; lunch Fri. and Sat. noon; coffee breaks, visit of the palmgrove by horse carriage and SOIE dinner under the tent Friday evening & coffee breaks as well as airport transportation

Inscription to Workshops/Ateliers : Thursday/Jeudi WS/Atelier 1 _____ WS/Atelier 2 _____ WS/Atelier 3 _____
(choisir/choose un/one p. jour/day) Friday/Vendredi WS/Atelier 4 _____ WS/Atelier 5 _____ WS/Atelier 6 _____

Payment details

By bank transfer : Attention Anouar Belkhdjia, SOIE-2009, Banque Cantonale de Genève (BCG) ;

Bank account : 5013.68.57; IBAN: CH36 0078 8000 0501 3685 7; BIC / Swift: BCGECHGGXXX

By credit card: Visa Master Card

Cardholder Name: _____

Card Number: _____ 3-Digit Security Code : _____ Exp. Date: _____

We authorize the SOIE to debit our credit card for the amount of € _____

Signature : _____ Date : _____

To be completed and returned no later than Sept 15, 2009 (for reduced registration)

to Carl P Herbort, MD, PD, Centre for Ophthalmic Specialised Care (COS),

6, rue de la Grotte, CH-1003 Lausanne, Switzerland

Fax: +41 (0) 21 648 60 10 Fax + 41 (0) 21 799 15 79; E-mail: carl.herb@bluewin.ch

E-mail : info@soie-soif.org