

Registration Form

44. TEACHING COURSE, Ekaterinburg, Russia, April 24, 2006

I will participate at the Teaching Course

Forename.....Surname
Institution.....
Address.....
Zipcode.....City.....Country.....
Phone.....Fax.....
e-mail:.....

Registration fee:

Onsite 40 Euro

Please mail or fax to:

Oleg Shilovskikh MD, IRTC Eye Microsurgery Ekaterinburg
Center, Bardin Str. 4 A, 620149 Ekaterinburg, Russia
e-mail: ecmntk@eyeclinic.ru
phone: + 7 343 240 6292 fax: +7 343 240 3370

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Sender

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Prof. Shilovskikh

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