

Registration Form

46. DETACHMENT COURSE, Qingdao, China, June 24-25, 2006

I will participate at the 46. Detachment Course
Forename.....Surname .....
Institution.....
Address.....
Zipcode.....City.....Country.....
Phone.....Fax.....
e-mail:.....

Registration fee:
Onsite 800 RMB

I will attend Dinner: Saturday, June 24, 2006, 6:30 p.m.

Total amount .....RMB

Please mail or fax to: Prof. Xiaoguang Dong, Shandong Eye Institute, 5 Yanerdao Road, Qingdao 266071, P.R. China
e-mail: seih@public.qd.sd.cn
Fax: 86-532-8589-1110 Tel: 86-532-8587-6483

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Sender

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**AIR MAIL P.R. CHINA**

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5 Yanerdao Road  
**Qingdao 266071, P.R. China**

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