

Registration Form

45. DETACHMENT COURSE, Tbilisi, Georgia, May 26-27, 2006

I will participate at the Teaching Course

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

Registration fee:

Prior to Feb 1, 2006: 40 USD
After Feb 1, 2006: 60 USD
Onsite 80 USD

I will attend Dinner: May 26, 2006 8:00 p.m.
Total amountUSD

Please mail or fax to:

Giorgi Chichua MD, Eye Disease Clinic "MZERA", Tsinandali street 9, 0144 Tbilisi, Georgia
Tel. / Fax.: (995 32) 785656 E-mail: giochi@gmx.net

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Sender

Fax:

E-mail: **AIR MAIL GEORGIA**

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