



8th Balkan Ophthalmic Wetlab Course 2018

One of the Steps of Becoming an Ophthalmic Surgeon



May 30th – June 2nd, 2018, Hilton Hotel, Sofia, Bulgaria
PHACO, VITRECTOMY, LASER REFRACTIVE SURGERY, DMEK
144 Aldomirovska str., 1309 Sofia, Bulgaria
Phone: +359 80 81 888, Mobile: +359 879 600 290
Webpage: www.bow.bg, Facebook: www.facebook.com/BalkanOphthalmicWetlab

Group Registration Form

8th Balkan Ophthalmic Wetlab Course
May 3th – June 2nd, 2018, Sofia, Bulgaria

Register online at www.bow.bg or send your completed form to:

Educational Centre in Ophthalmology Resbiomed
136A Positano Str., 1309 Sofia, BULGARIA

- Telephone: +359 (0) 2 80 81 888
- Email: registration@bow.bg

Please complete one form for each participant. Print clearly and retain a copy for your own records.

- Note: **Groups 5-9:** 10% off the current course fee
Groups of 10 or more: 15 % off the current course fee

GROUP COORDINATOR CONTACT INFO

Name:

Title:

Organization / Institution:

Address:

City:

Country:

Phone:

Email:

Please send me a copy of all confirmation emails.



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Participant 1	Participant 2
First Name:	First Name:
Last Name:	Last Name:
Title:	Title:
Email:	Email:
Organization:	Organization:
Address:	Address:
City:	City:
Postal Code:	Postal Code:
Country:	Country:
Phone Number:	Phone Number:
COURSE:	COURSE:
<input type="checkbox"/> Phacoemulsification	<input type="checkbox"/> Phacoemulsification
<input type="checkbox"/> Phacoemulsification Adv.	<input type="checkbox"/> Phacoemulsification Adv.
<input type="checkbox"/> Vitrectomy	<input type="checkbox"/> Vitrectomy
<input type="checkbox"/> Laser Refractive Surgery	<input type="checkbox"/> Laser Refractive Surgery
<input type="checkbox"/> DMEK	<input type="checkbox"/> DMEK
<input type="checkbox"/> CXL	<input type="checkbox"/> CXL
<input type="checkbox"/> DMEK & CXL	<input type="checkbox"/> DMEK & CXL



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Participant 3	Participant 4
First Name:	First Name:
Last Name:	Last Name:
Title:	Title:
Email:	Email:
Organization:	Organization:
Address:	Address:
City:	City:
Postal Code:	Postal Code:
Country:	Country:
Phone Number:	Phone Number:
COURSE:	COURSE:
<input type="checkbox"/> Phacoemulsification	<input type="checkbox"/> Phacoemulsification
<input type="checkbox"/> Phacoemulsification Adv.	<input type="checkbox"/> Phacoemulsification Adv.
<input type="checkbox"/> Vitrectomy	<input type="checkbox"/> Vitrectomy
<input type="checkbox"/> Laser Refractive Surgery	<input type="checkbox"/> Laser Refractive Surgery
<input type="checkbox"/> DMEK	<input type="checkbox"/> DMEK
<input type="checkbox"/> CXL	<input type="checkbox"/> CXL
<input type="checkbox"/> DMEK & CXL	<input type="checkbox"/> DMEK & CXL



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Participant 5	Participant 6
First Name:	First Name:
Last Name:	Last Name:
Title:	Title:
Email:	Email:
Organization:	Organization:
Address:	Address:
City:	City:
Postal Code:	Postal Code:
Country:	Country:
Phone Number:	Phone Number:
COURSE:	COURSE:
<input type="checkbox"/> Phacoemulsification	<input type="checkbox"/> Phacoemulsification
<input type="checkbox"/> Phacoemulsification Adv.	<input type="checkbox"/> Phacoemulsification Adv.
<input type="checkbox"/> Vitrectomy	<input type="checkbox"/> Vitrectomy
<input type="checkbox"/> Laser Refractive Surgery	<input type="checkbox"/> Laser Refractive Surgery
<input type="checkbox"/> DMEK	<input type="checkbox"/> DMEK
<input type="checkbox"/> CXL	<input type="checkbox"/> CXL
<input type="checkbox"/> DMEK & CXL	<input type="checkbox"/> DMEK & CXL



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Participant 7	Participant 8
First Name:	First Name:
Last Name:	Last Name:
Title:	Title:
Email:	Email:
Organization:	Organization:
Address:	Address:
City:	City:
Postal Code:	Postal Code:
Country:	Country:
Phone Number:	Phone Number:
COURSE:	COURSE:
<input type="checkbox"/> Phacoemulsification	<input type="checkbox"/> Phacoemulsification
<input type="checkbox"/> Phacoemulsification Adv.	<input type="checkbox"/> Phacoemulsification Adv.
<input type="checkbox"/> Vitrectomy	<input type="checkbox"/> Vitrectomy
<input type="checkbox"/> Laser Refractive Surgery	<input type="checkbox"/> Laser Refractive Surgery
<input type="checkbox"/> DMEK	<input type="checkbox"/> DMEK
<input type="checkbox"/> CXL	<input type="checkbox"/> CXL
<input type="checkbox"/> DMEK & CXL	<input type="checkbox"/> DMEK & CXL



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Participant 9	Participant 10
First Name:	First Name:
Last Name:	Last Name:
Title:	Title:
Email:	Email:
Organization:	Organization:
Address:	Address:
City:	City:
Postal Code:	Postal Code:
Country:	Country:
Phone Number:	Phone Number:
COURSE:	COURSE:
<input type="checkbox"/> Phacoemulsification	<input type="checkbox"/> Phacoemulsification
<input type="checkbox"/> Phacoemulsification Adv.	<input type="checkbox"/> Phacoemulsification Adv.
<input type="checkbox"/> Vitrectomy	<input type="checkbox"/> Vitrectomy
<input type="checkbox"/> Laser Refractive Surgery	<input type="checkbox"/> Laser Refractive Surgery
<input type="checkbox"/> DMEK	<input type="checkbox"/> DMEK
<input type="checkbox"/> CXL	<input type="checkbox"/> CXL
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REGISTRATION FEES

Groups 5-9: 10% off the current course fee

Groups of 10 or more: 15 % off the current course fee

Prices are in Euro	EARLY FEE Before 28 February	LATE FEE After 28 February
Phacoemulsification	840	960
Phacoemulsification Advanced	960	1080
Vitrectomy	960	1080
Laser Refractive Surgery	1200	1320
DMEK	1200	1320
CXL	840	960
DMEK & CXL	1800	1800

Early Bird closes 28 February 2018

Late and Onsite from 1 March 2018

Payment: All prices are quoted in Euro (€) and include a 20% VAT. Fees are payable in 1 (one) or in 2 (two) instalments. The first instalment of 50% is payable at the time of registration. The second instalment of 50% is payable by the end of February 2018. Course registration cannot be confirmed until payment is received.

REGISTRATION FEES TOTAL €: _____



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Data for the invoice:

PLEASE SEND FORM AND PAYMENT TO:

Educational Centre in Ophthalmology Resbiomed
136A Positano Str.
1309 Sofia
BULGARIA

Telephone: +359 (2) 80 81 888
Mob: +359 (0) 879 600 299
Email: registration@bow.bg
maya.kamenova@bow.bg

Online Registration www.bow.bg

DATA PROTECTION

In registering for the 8th Balkan Ophthalmic Wetlab Course 2018 relevant details will be incorporated into a Delegate List for the benefit of all participants, and may also be made available to parties directly involved with the Course, including venues, sponsors and key suppliers.

Yes, I consent to the collection, use and disclosure of information provided in this registration form in accordance with and for the purpose outlined above.

No, I DO NOT consent to the collection, use and disclosure of information provided in this registration form in accordance with and for the purpose outlined above.

Signature: _____ Date: ____/____/____