

**IAPB Eighth General Assembly**

25 to 28 August, 2008  
Buenos Aires, Argentina

PLEASE RETURN THE COMPLETED  
FORM

TO: IAPB Central office  
L.V. Prasad Eye Institute  
L.V. Prasad Marg, Banjara Hills  
Hyderabad 500 034, India  
Fax: +91-40-23548271  
Email: agency@lvpei.org

**ADVANCE REGISTRATION FORM**

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**PARTICIPANT:**

Title: Prof.  Dr.  Mr.  Ms.  Mrs.

Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_ First Name \_\_\_\_\_

Name on Badge:  
(Exactly as you want printed on badge and certificate) \_\_\_\_\_

Organisation/Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Nationality \_\_\_\_\_ Sex \_\_\_\_\_ Passport No. \_\_\_\_\_

Place where Visa will be issued: City \_\_\_\_\_ Country \_\_\_\_\_

**ACCOMPANYING PERSON:**

Name : \_\_\_\_\_

Passport No. \_\_\_\_\_

**REGISTRATION FEE (Till March 2008):**

	Amount
International Participant	US\$ 300
Latin American Participant	US\$ 120
Argentinean Participant	US\$75
Accompanying Person	US\$150 _____
	Total US\$

Cheque/ Draft  Bank Transfer

Herewith, I accept the General Information and conditions laid down by the Preliminary Programme of the IAPB Eighth General Assembly.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Please complete one form for each person attending. Additional forms may be photocopied.

**Payment Instructions:**

Send electronic transfer to

International Agency for the Prevention of Blindness

Account No. 67973582

HSBC, PO Box LB633, 39 Tottenham Court Road

London, W1T 2AR, UK

Sort Code : 40-07-07

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