**2025 RCH Paediatric Ophthalmology Seminar**

**Registration Form**

**Saturday 11th and Saturday 18th October**

**Two day virtual event targeted towards pre-RACE candidates.**

Unlimited registration numbers. Registration closes Wednesday 10th September.

**Saturday 25th October**

**Full day event assessing paediatric patients in the RCH eye clinic.**

**Limited to twenty-five participants.** Registration closes when capacity reached.

*(Strict registration numbers for the face-to-face event, please register early to avoid disappointment)*

Please complete this registration form and return via the below email:

**Email** paediatric.seminar@rch.org.au

RCH will email confirmation of registration within one week of receiving the registration form.

**DELEGATE DETAILS**

Name: .....................................................................................................................................................................

Address: …..................................................................................................................................................................

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Phone: ........................................................................... Fax: .............................................................................

Email: …………………….………………………………….………………………………………………………………………………..……….…….…

Registrar: Year 1 [ ]  Year 2 [ ]  Year 3 [ ]  Year 4  [ ]  Fellow/Overseas trainee [ ]

Have you undertaken a Paediatric Ophthalmology rotation? Yes [ ]  No [ ]

Have you attended the POS before? If so, when? ……………………. Yes [ ]  No [ ]

When do you intend to sit the clinical examinations? …………………….

**Please list any dietary requirements (Face to face attendees only**) ………………………………………………………

**PAYMENT Registration fee:** [ ]  **$660 (incl. GST) Virtual event ONLY**

 [ ]  **$990 (incl. GST) Virtual AND Face-to-face event.**

**Credit Card:** Bankcard [ ]  Visa [ ]  Mastercard [ ]

Name on Card ...............................................................................................................…….

Card Number ....................................................................... Expiry Date ..........................

Amount $………….………….

Signature ........................................................................................................................