**A logo for a children's hospital

Description automatically generated with medium confidence2025 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](mailto: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 ........................................................................................................................