



Wave 2020



Once completed please send through to: Optometry Western Australia PO Box 375, SUBIACO WA 6904 - Fax to 08 9321 2355

OA Member Registration

Non Member Registration & Overseas Registration

Or Complete and Return this Conference Registration Form to the Optometry Western Australia Office.

Personal Details Mr Mrs Ms Dr Prof

Name* Surname*

Practice Name

Preferred Mailing Address

Suburb State..... Postcode

Mobile Phone Email Address*

Your Optometry Western Australia / Optometry Australia Membership Number* if applicable

* Please complete compulsory fields

Registration Category

	OWA or OA Member from any Division	Non OA Member
<input type="checkbox"/> WAVE2020 - Early Bird Registration Prior To 1st March	\$595	\$1,190
<input type="checkbox"/> WAVE2020 - Full Registration After 1st March	\$670	\$1,400
<input type="checkbox"/> WAVE2020 - Saturday Day Registration - 21st March	\$415	\$695
<input type="checkbox"/> WAVE2020 - Saturday AM - Workshops ONLY - 21st March	\$245	\$495
<input type="checkbox"/> WAVE2020 - Saturday PM - Lectures ONLY - 21st March	\$245	\$495
<input type="checkbox"/> WAVE2020 - Sunday Day Registration - 22nd March	\$415	\$695
<input type="checkbox"/> WAVE2020 - Sunday AM - AM Lectures ONLY - 22nd March	\$245	\$495
<input type="checkbox"/> WAVE2020 - Sunday PM - PM Lectures ONLY - 22nd March	\$245	\$495
<input type="checkbox"/> Dispenser Sessions - Sunday AM - 22nd March	\$75	\$75

* Early Bird and Full Registration include a ticket to Saturday Sundowner Party
 * Members can purchase additional tickets for partners at the OA Member rate
 * Please note Parking is not included in registration

TOTAL REGISTRATION FEE:

Attendance

- I will be attending the Saturday Sundowner
- I have special dietary requirements - Please list requirement
- I have purchased an additional ticket for the Saturday Sundowner - Please list name of person:

Payment Details

Direct Debit - OWA Account details; BSB: 036 011 - Acc. No: 563612
 Ref: Your OA Member Number (Surname, if not a member), for ID purposes: M

My cheque is attached (please make cheques payable to Optometry Western Australia Inc)

Please charge \$ to my VISA MASTERCARD

Exp /

Signature Name on Card CV:

A Tax Invoice will be issued once your registration is received. Refunds are not available after Friday 13th March 2020.

- If you do not wish your details to be made available to conference sponsors please tick here (only mailing addresses are supplied)
- If you do not give your permission for your image to be used in any media and promotional photographs of the WAVE conference, please tick here.