Binocular Vision from All Angles





REGISTRATION DATE

ENROLLMENT FORM - PAGE 1

Please note that the Binocular VIsion Fundamentals by Dr. Kate Gifford is a pre-requisite to the Strabismus Lecture and Workshop of Prof. Vanessa Moodley. You must complete the Binocular Vision Fundamentals in order to enroll in the Strabismus Workshop.

PERSONAL INFORMATION Full Name: LAST FIRST PRC License No. I am currently: **Employed** In Private Practice Date of Birth Retired / Non-practicing Email Please Optometrist Choose: Mobile Number **Optometry Student** Academe Sex Male Female Conference Speaker Workshop Facilitator Year Graduated Affiliation Years Practicing **MAILING ADDRESS** Clinic Name Address City Province Zip Code Mobile Number Country **PAYMENT SCHEME** Please tick one box below for your chosen payment scheme: Cash (Php 23,750 less 5%) 50% (Php 12,500) For Academe and Optometry Students 4 PDCs (Php 25,000 total) (For international enrollees only) Bank

Transfer

(Php 20,833.33 each)

5+1

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FNROLLMENT FORM - PAGE 2

Please provide pay	ment details:		
Account Name			
Account Number		Bank	
For 4 P	DCs:	For 50%:	For 5+1:
December 15, 202 Php 10,000.00	CHECK NO.	December 15, 2021 Php 4,000.00 CHECK NO.	December 15, 2021 Php 8,333.33
January 30, 2022 Php 5,000.00	CHECK NO.	January 30, 2022 Php 3,000.00 CHECK NO.	January 30, 2022 Php 4,000.00 CHECK NO.
February 28, 2022 Php 5,000.00	CHECK NO.	February 28, 2022 Php 3,000.00 CHECK NO.	February 28, 2022 Php 4,000.00 CHECK NO.
March 30, 2022 Php 5,000.00	CHECK NO.	March 30, 2022 Php 2,500.00 CHECK NO.	March 30, 2022 Php 4,000.00 CHECK NO.
Please provide nan	·	al Receipt:	
PODS BANK DE			
Account Name: Account Number: Bank:	Professional ODs Society, Inc. 200039702907 East West Bank, Balagtas Bulacan		For those who availed of 5+1, please input here your group reference code provided in the email.
For Check Payment, pay to Professional ODs Society, Inc.			GROUP REFERENCE CODE
Thank you for enrolling in PODS Binocular Vision Lecture and Workshop!			

Professional ODs Society, Inc.

c/o Dr. Melina A. Perez Perez Dental Optical Clinic, MH Del Pilar Poblacion Sta. Maria, Bulacan 3022 Mobile: +63 917 822 8870

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