



ONLINE REGISTRATION FORM

Please provide the following details

Name

E-mail

Mobile / Tel No

Name of School/ Institution/Company

Designation

No. of Experience in Years

Which of the following best describes your current place of practice?

- a. Retail chain store
- b. Independent practice
- c. Optometrist at Tertiary eye care centre
- d. Research optometrist at Tertiary eye care centre
- e. Education institution
- f. Optical/Optomety Multinational industry
- g. Public health projects

Please list out your expectations from the workshop:

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