

RANZCO



**THE ROYAL AUSTRALIAN AND NEW ZEALAND
COLLEGE OF OPHTHALMOLOGISTS**

Glaucoma Club Annual Meeting

2006



Conference Secretariat

For all information relating to this meeting, please contact Gail Fowler at gail.fowler@capcon.com.au or by fax to +61 2 9999 5733. The postal address is:

Capital Conferences Pty Ltd,
PO Box 253, Church Point, NSW 2105 Australia
Telephone: 61 2 9999 6577

**Registration and
Call for Papers**

21st – 22nd July 2006
The Sebel, Pier One
SYDNEY



WELCOME

Dear Colleague,

With great pleasure and on behalf of the Organising Committee and the Club's Board, I invite you to our 2006 meeting "***Glaucoma!***" Our two-day meeting will be sited on the Harbour's edge in Sydney whose spectacular backdrop and easy access to all that our magical city has to offer will parallel the excellence of the Scientific and Social Programs.

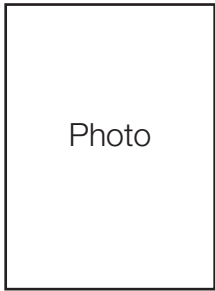
Traditionally, we will include Free Papers, Case Presentations and Symposia to complement presentations by our Guest Speaker, Professor Anne Coleman from University of California, Los Angeles. Together, we aim to cover important aspects of the breaking edge of glaucoma research in diagnosis and management, and to make these advances relevant to everyday clinical situations.

We look forward to welcoming you warmly to Sydney and to our meeting.

Very best wishes,

Ivan Goldberg
Chair, RANZCO Glaucoma Club

International Invited Speaker



Professor Anne L. Coleman

Professor Coleman MD PhD, is Professor of Ophthalmology and Epidemiology at Jules Stein Eye Institute, UCLA, School of Medicine, Los Angeles, California, USA

Venue Information

The meeting is being held at The Sebel Pier One, Sydney located next to the Harbour Bridge at 11 Hickson Road, Walsh Bay. This unique waterfront federation hotel is just minutes away from the historic Rocks district. It is an interesting blend of federation and contemporary architecture

Registration Information

The registration fee includes morning, afternoon tea and lunch on both days of the conference as well as the conference dinner on Saturday evening.

Accommodation Reservations

We have reserved a number of rooms at The Sebel Pier One at an excellent rate. It is a lovely, recently refurbished, boutique hotel with full hotel services. Reservations will need to be made early through the conference organisers in order to take advantage of this rate.

Social Functions.

A more casual dinner has been arranged for Friday night and the traditional more formal conference dinner will take place on Saturday night. Guests are most welcome.

Call for Papers

Should you wish to be considered as a speaker at the meeting, please send a structured abstract of no more than 250 words to JohnG@eye.usyd.edu.au
Acceptance of abstracts will close on March 31, 2006.

Cancellation Policy

Registration: If cancellations are received prior to 1st June 2006, fees will be refunded less an administrative fee of \$110.00. After that date any refund requests will be referred to the Board.

Accommodation: If cancellation is necessary 30 days or less prior to the conference, the hotel will charge a fee of one night's accommodation i.e. \$215.00 unless the room is resold.

Social functions: Cancellations will be received without penalty up until 48 hours prior to the conference. After that time, refunds will not be possible.

All forms of cancellation must be received in writing via email or fax to the addresses below.

Conference Committee

Chair: Dr Ivan Goldberg

Scientific Program: Dr John Grigg and Dr Paul Healey

Functions: Dr Stuart Graham

Conference Organiser

Gail Fowler

Capital Conferences Pty Ltd

PO Box 253, Church Point NSW Australia 2105

Tele: +61 2 9999 6577 Fax: +61 2 9999 5733

Email: gail.fowler@capcon.com.au

Registration Form 21- 22 July 2006

RANZCO Glaucoma Club
94 Chalmers Street, Surry Hills, Sydney
ABN 80 000 644 404

Title _____ Surname _____ First Name _____

Mailing Address _____

City _____ State _____ P/code _____ Country _____

Telephone _____ Fax _____ Email _____

Name for Name Badge _____

Conference Registration Fees inclusive of GST

Category	Prior 1/05/06	After 1/05/06	Total
Full	\$450.00	\$495.00	\$ _____
Trainees	\$250.00	\$295.00	\$ _____

Dinners: Please indicate if you can attend

Function	Delegate	Guest Cost	
Friday night	Yes / No @ \$75	Yes / No @ \$75	\$ _____
Saturday night	Yes / No (incl)	Yes / No @ \$125	\$ _____

Accommodation

The Sebel \$215.00 per room per night

Date In ___/07/06 Date Out: ___/07/06

Room type Single Twin Double Smoking: Yes / No

Authorisation is given to use my credit card to secure room: Yes/No
Alternatively, payment will be by cheque and includes the cost of accommodation.

Fee Payment: Cheques should be made payable to The Glaucoma Club

Registration Fees \$ _____
Guest social functions \$ _____
Accommodation \$ _____ Total cheque paid \$ _____

Or Credit Card Information

Visa Master Card Bank Card Amex Diners Card No.

Name on card _____ Authorised amount: \$ _____ Expiry /

Signature

Return address: Capital Conferences, PO Box 253, Church Point, NSW 2105, Australia Fax: +61 2 9999 5733

Glaucoma Club Registration Form



Conference Secretariat

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