



2nd Indonesian Society of Cataract and Refractive Surgery Meeting

30-31 March, 2013
Borobudur Hotel, Jakarta

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INASCERS MEMBERSHIP APPLICATION

(To be filled up in CAPITAL letters only)

TYPE or PRINT CLEARLY

Prof. Dr. Mr. Mrs. Ms.

Form fields for personal information: LAST/FAMILY NAME, FIRST NAME, MI, POSITION, INSTITUTION, ADDRESS, CITY, STATE, ZIP, COUNTRY, DATE OF BIRTH, TELEPHONE NUMBER, FAX NUMBER, E-mail ADDRESS, MEDICAL SCHOOL, RESIDENCY, YEAR COMPLETED, OPHTHALMIC TRAINING, HIGHEST QUALIFICATION, YEAR, YEARS IN OPHTHALMIC PRACTICE, SUBSPECIALTY INTEREST

EXPERIENCE IN INTRAOCULAR IMPLANTS AND REFRACTIVE SURGERY

Form fields for surgical experience: HAVE YOU PERFORMED INTRAOCULAR IMPLANT SURGERY? YES NO IF YES, ESTIMATED NO. OF OPERATIONS; HAVE YOU PERFORMED REFRACTIVE SURGERY? YES NO IF YES, ESTIMATED NO. OF OPERATIONS

Membership in this Association is subject to approval by the INASCERS Board of Officers

SIGNATURE

Full Member 750.000 IDR (3 years)

MEMBERSHIP FEE INCLUDES THE FOLLOWING BENEFITS

- 1. Full Membership in INASCERS (3 Years)
2. Associate Membership in APACRS (3 Years)
3. Reduced registration fees at INASCERS & APACRS congresses/meeting
4. Access to Members Only area on the INASCERS Website/Forum Boards
5. Access to Members Only area on the APACRS Website
6. Free Subscription to APACRS Eye World Asia-Pacific
7. Membership application subject to approval by Board of Officers
8. Membership Certificate upon approval by the Board of Officers

