



ONLINE REGISTRATION FORM
WORKSHOP ON "OPTICAL DISPENSING"
DEPARTMENT OF OPTOMETRY, ERA UNIVERSITY, LUCKNOW
02 APRIL, 2020

DATE : _____

Please provide the following details

Name

E-mail

Mobile / Tel No

Designation

Name of the College /
Associated Organization

Experience in Years

- a. 0 – 2 years
- b. 2 – 5 years
- c. 5 – 10 years
- d. > 10 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. Educational Institution
- e. Optical/Optomety Multinational industry

Please list your expectations from the workshop:

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