

The American Ophthalmological Society

Advance Registration

Meeting of Thursday, May 17 to Sunday, May 20, 2012

Member Name _____

Address _____

Phone _____ Fax _____ I will attend: Presidential Banquet

E-mail: _____

GUEST REGISTRATION Please print neatly

Please list below the names and degrees (if appropriate) of each person for whom you are making registration arrangements (i.e. spouse, children, personal guest, professional guest), check off the events they will attend, and include appropriate registration fee. This information is necessary to make banquet seating arrangements.

		REGISTRATION CATERGORY		EVENTS
		Personal Guest	Professional Guest	Presidential Banquet (Saturday)
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	Degree			
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	Degree			
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	Degree			

PAYMENT

		Received by April 15 / After April 15	
Member (all categories) _____ (# attending) @ \$500	\$ _____	(# attending @ \$600) \$ _____	
Professional Guest _____ (# attending) @ \$500	\$ _____	(# attending @ \$600) \$ _____	
Personal Guest _____ (# attending) @ \$250	\$ _____	(# attending @ \$250) \$ _____	
Resident/Fellow _____ (# attending) @ \$250	\$ _____	(# attending @ \$250) \$ _____	

Total Amount Enclosed \$ _____

METHOD OF PAYMENT:

Check, made payable to: **AOS**

Please mail all checks to: Lockbox 34080 / PO Box 39000 / San Francisco, CA 94139

Please fax forms with credit card information to: (415) 561-8531

VISA MasterCard

Card # _____ Exp. Date (mo/yr) _____

Cardholder's Name _____

Cardholder's Billing Address (if different from above address):

Address _____ City, State, Zip _____

Cancellation/refund request must be submitted in writing to the AOS office no later than May 1.
All refunds are subject to a \$75 processing fee.