

The American Ophthalmological Society

2010 Annual Meeting • Event Registration – Deadline: April 21st

Member Name _____

Please check off each event you wish to participate in.

TENNIS TOURNAMENTS:

- Mixed Doubles Tennis** *Friday, May 21, 1:00 pm - 4:30 pm*
- Men's Tennis** *Saturday, May 22, 1:00 pm - 4:30 pm*
- Women's Tennis** *Saturday, May 22, 1:00 pm - 4:30 pm*

GOLF TOURNAMENTS:

- Men's Golf** *Friday, May 21, 1:00 pm – 5:00 pm*
Greenbrier Course
- Women's Golf** *Friday, May 21, 1:00 pm – 5:00 pm*
Meadows Course

Play with: _____
 Play with: _____
 Play with: _____

OTHER EVENTS:

- Skeet Shooting** *Friday, May 21, 1:00 pm - 4:30 pm*
- Fly Fishing** *Saturday, May 22, 1:00 pm - 4:30 pm*

Guest Name _____

Please check off each event you wish to participate in.

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PAYMENT – Any additional charges the day of the event will be posted to your room account. Please mail this completed form with your meeting registration to AOS by April 17th. Cancellation policies apply regardless of registration date.

Golf – Men's _____ @ \$195 per player*	Tennis Mixed _____ @ \$60 per player
Golf – Women's _____ @ \$165 per player*	Tennis Men/Women _____ @ \$60 per player
Skeet Shooting [‡] _____ @ \$will be applied to room	Fly Fishing [‡] _____ @ \$will be applied to room

*Golf fees include greens fees, golf carts, bag handling and lockers.
 ‡Fees for Skeet Shooting and Fly Fishing will be applied directly to your hotel room account. For fee information please contact the Greenbrier directly (www.greenbrier.com | 800-453-4858).

Total Amount Enclosed \$ _____

METHOD OF PAYMENT:

Check (made payable to: AOS) VISA MasterCard Card # _____ Exp. Date (mo/yr) _____

Cardholder's Name _____

Billing Address _____ City, State, Zip _____

Golf & Tennis Cancellation Policy: Request for refunds must be in writing and received by April 21st. No Exceptions due to Hotel Policy.

Mail Registration form to: AOS, P.O. Box 193940, San Francisco, CA 94119 or 655 Beach Street, San Francisco, CA 94109
FAX: (415) 561-8531