

Advance Registration Form

The American Ophthalmological Society 2017 AOS Annual Meeting Thursday, May 18 – Sunday, May 21

Complete this form to register for the AOS Annual Meeting.

ATTENDEE

Member Name: _____ I will attend Saturday Evening Banquet

Address: _____

City/ST/Zip: _____

Phone: _____ Fax: _____ Email: _____

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.

Name _____	Degree _____	Personal Guest	Professional Guest	Resident/Fellow	Banquet (Saturday)	Golf (Friday)	Tennis (Fri a/o Sat)	Skeet Shooting (Saturday)
Name _____	Degree _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	Degree _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	Degree _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT

Members (All categories)

- Advance (by April 25) Number attending _____ x \$550
- On-site (after April 25) Number attending _____ x \$650

Professional Guest

- Advance (by April 25) Number attending _____ x \$550
- On-site (after April 25) Number attending _____ x \$650

Spouse/Personal Guest

- Advance and On-site Number attending _____ x \$275

Resident/Fellow*

*This registration category does not include social events. Resident/fellow must be accompanied by an AOS member in attendance.

- Advance and On-site Number attending _____ x \$275

Tennis Tournament – Mixed Doubles

- Friday, May 19 Number attending _____ x \$55

Tennis Tournament – Men’s Tennis / Women’s Tennis

- Saturday, May 20 Number attending _____ x \$55

Golf Tournament

- Friday, May 19 Number attending _____ x \$210

Skeet Shooting

- Saturday, May 20 Number attending _____ x \$105

Total Amount Enclosed: \$ _____

METHOD OF PAYMENT

Payment by Check

- Check made payable to: AOS
Mail check to: 655 Beach Street, San Francisco, CA 94109

Payment by Credit Card

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

- Visa MasterCard

Card #: _____

Exp.: _____

Cardholder’s Name: _____

Cardholder’s Billing Address (if different from above):

Address: _____

City/ST/Zip: _____

Cancellation/refund request must be submitted in writing to the AOS office no later than April 25. All refunds are subject to a \$75 processing fee.