

# Registration Form

## The American Ophthalmological Society 2019 AOS Annual Meeting Thursday, May 16–Sunday, May 19

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 legibly)

Please list below the names and degrees if applicable (i.e., MD, PhD) of each person for whom you are registering (i.e., spouse, children, personal guest, professional guest). Check off the events they will attend, and include the appropriate registration fee in the payment section below.

Name	Degree	Personal Guest	Professional Guest	Resident/Fellow	Golf (Friday)	Tennis (Saturday)	Skeet Shooting (Saturday)	Shooting Banquet (Saturday)
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<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 11) Number attending \_\_\_\_\_ x \$550
- On-site (after April 11) Number attending \_\_\_\_\_ x \$650

#### Professional Guest

- Advance (by April 11) Number attending \_\_\_\_\_ x \$550
- On-site (after April 11) 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

#### Golf Tournament

- Friday, May 17 Number attending \_\_\_\_\_ x \$500

#### Tennis Tournament

- Saturday, May 18 Number attending \_\_\_\_\_ x \$60

#### Skeet Shooting

- Saturday, May 18 Number attending \_\_\_\_\_ x \$105

### 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: \_\_\_\_\_

**Total Amount Enclosed: \$**

Cancellation/refund request must be submitted in writing to the AOS office no later than April 11. All refunds are subject to a \$75 processing fee.