

Registration Form

The American Ophthalmological Society
2021 AOS Annual Meeting - Virtual
Thursday, May 14–Saturday, May 16

Complete this form to register for the AOS Annual Meeting.

NON-MEMBER ATTENDEE

Name: _____

Address: _____

City/ST/Zip: _____

Phone: _____ Email: _____

REGISTRATION TYPE

- SPOUSE OF AOS MEMBER (Complimentary)
 NON-MEMBER PROFESSIONAL GUEST (\$200)

METHOD OF PAYMENT

PAYMENT BY CREDIT CARD

Please fax forms with credit card information to (415) 561-8531, or complete the top portion of this form and send it by email to admin@aosonline.org. An AOS representative will contact you using the telephone number provided on your form to process your credit card payment by phone. Please do not send credit card payment information by email.

- Visa MasterCard

Card #: _____

Expiration Date: _____

Cardholder's Name: _____

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

Address: _____

City/ST/Zip: _____

PAYMENT BY CHECK

- Check made payable to: AOS

Include this completed form with your payment and mail check to:

American Ophthalmological Society
655 Beach Street
San Francisco, CA 94109

Cancellation/refund request must be submitted in writing to the AOS office no later than May 12, 2021.
All refunds are subject to a \$75 processing fee.