

Registration Form

The American Ophthalmological Society 2018 AOS Annual Meeting Thursday, May 17–Sunday, May 20

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.

		Personal Guest	Professional Guest	Resident/ Fellow	Tennis (Friday)	Golf (Saturday)	Banquet (Saturday)
Name _____	Degree _____	☐	☐	☐	☐	☐	☐
Name _____	Degree _____	☐	☐	☐	☐	☐	☐
Name _____	Degree _____	☐	☐	☐	☐	☐	☐

PAYMENT

Members (All categories)

- ☐ Advance (by April 16) Number attending _____ x \$550
- ☐ On-site (after April 16) Number attending _____ x \$650

Professional Guest

- ☐ Advance (by April 16) Number attending _____ x \$550
- ☐ On-site (after April 16) 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

- ☐ Friday, May 18 Number attending _____ x \$55

Golf Tournament

- ☐ Saturday, May 19 Number attending _____ x \$225

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 16.
All refunds are subject to a \$75 processing fee.