

Register Today!



June 1-3, 2017 • Kiawah Island, South Carolina

KiawahEye.com

Mail this form to:

ATTN: Registration Department
Kiawah Eye 2017
6900 Grove Road
Thorofare, NJ 08086-9447

Fax this form to: 856-251-0278

Register by phone:

1-877-307-5225, ext. 219 or ext. 476
or 856-848-1712, ext. 219 or ext. 476

Office Hours: 9:00 am – 5:00 pm, ET | Monday – Friday

Email questions to: registration@contactAMS.com

PRIORITY CODE: 731-996

Meeting Registration Form

First/Given Name Middle Initial Last/Family Name Suffix Degree

Address

City State/Province Country Zip/Postal Code

Phone (work) Phone (mobile) **Email (REQUIRED FOR EDUCATIONAL CREDIT)** NPI Number

Profession:

- ☐ Physician
☐ Resident/Student
☐ Other: _____

Primary Specialty:

- ☐ Ophthalmology
☐ Other: _____

Subspecialty/Area of Interest:

- ☐ Cataract surgery ☐ Glaucoma ☐ Pediatrics/Strabismus
☐ Contact lenses ☐ Neurosciences ☐ Refractive surgery
☐ Cornea/External disease ☐ Oculoplastics ☐ Retina/Vitreous sciences
☐ General ophthalmology ☐ Optics ☐ Other: _____

CME Activity Request:

- ☐ **YES**, I would like the opportunity to earn CME credits through future activities provided by Vindico Medical Education.

How did you hear about this meeting? (please select all that apply)

- ☐ Print Advertisement ☐ Exhibit Booth ☐ Letter ☐ Post card ☐ Brochure ☐ Other: _____
☐ Email ☐ Internet Search ☐ Word of Mouth ☐ Flyer ☐ I'm a Past Attendee

Registration Fee

Categories not listed may register by phone at 1-877-307-5225 ext. 219 or 476. Industry may contact Stephanie Burleigh at 856-848-1712 ext. 337.

Early bird registration	Preregistration	Standard registration
SAVE UP TO \$225 (on or before March 31, 2017)	SAVE UP TO \$125 (on or before April 28, 2017)	
☐ B. Physician \$825	☐ C. Physician \$925	☐ D. Physician \$1050
☐ E. Resident/Student* \$475	☐ F. Resident/Student* \$575	☐ G. Resident/Student* \$675

*Residents/students must submit a letter of verification at time of registration.

Payment Information

TOTAL \$ _____

- ☐ Enclosed is my check payable to "Kiawah Eye 2017" paid in U.S. dollars, drawn on a U.S. bank.

Please bill my: ☐ Visa ☐ MasterCard ☐ American Express

Account Number Exp. Date 3-4 Digit Security Code

Name as it Appears on Card Signature

Special Dietary Request: Please call 1-877-307-5225 ext. 219 or ext. 476 with your request.

Refunds: Requests for refunds must be submitted in writing by May 25, 2017. There will be a \$200 service charge retained for physician refund requests and \$100 for administrators. Requests received after this date will be ineligible for refunds.

ADA Compliance: In compliance with the Americans with Disabilities Act of 1990, we will make all reasonable efforts to accommodate persons with disabilities. Please call with your requests.

Dress Code: Resort casual.
Federal ID #: 30-0747466

Hotel Reservations

Kiawah Island Golf Resort
1 Sanctuary Beach Drive
Kiawah Island, SC 29455

Call: 800-654-2924
Reservation Deadline: May 1, 2017
Room Rates: starting at \$254

Refer to the Kiawah Eye meeting when reserving your room to take advantage of the reduced rate for attendees.

Note: Reduced room rates do not guarantee room availability with the hotel. After May 1, 2017, room rates will be based on availability. Hotel rates are per room, per night and do not include tax/service. Currently, a 14.75% sales tax and a \$3.50 per room, per night occupancy tax are applicable to the room rate. Such taxes are subject to change without notice.