



56th ANNUAL MEETING REGISTRATION

(Please Print or Type)

Name for Badge: _____ MD CEBS PhD RN CTBS _____

I am a: Paton Society Member EBAA Board Member Heise Awardee Paton Awardee

Committee Chair First-Time Attendee Speaker Resident or Fellow

Affiliation/Eye Bank: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Dietary Restrictions: Vegetarian Gluten Free Other _____

Please select the appropriate registration type for the program you are attending.

FULL PROGRAM: Wednesday, June 14 – Saturday, June 17

| | Through April 21 | April 22-May 26 | On-Site |
|---|--|----------------------------------|----------------------------------|
| EBAA Member | <input type="checkbox"/> \$595 | <input type="checkbox"/> \$695 | <input type="checkbox"/> \$850 |
| Non-Member | <input type="checkbox"/> \$950 | <input type="checkbox"/> \$1,100 | <input type="checkbox"/> \$1,250 |
| Extra Dinner Ticket for Friday, June 16 | <input type="checkbox"/> \$100 (increases to \$150 after May 26) | | |

PHYSICIAN PROGRAM: Friday, June 16- Saturday, June 17

| | Through April 21 | April 22-May 26 | On Site |
|---|--|--------------------------------|--------------------------------|
| EBAA Paton Member | <input type="checkbox"/> \$450 | <input type="checkbox"/> \$550 | <input type="checkbox"/> \$700 |
| Non-Paton Member | <input type="checkbox"/> \$550 | <input type="checkbox"/> \$650 | <input type="checkbox"/> \$800 |
| Resident/Fellow Member | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$400 |
| Resident/Fellow | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$450 | <input type="checkbox"/> \$500 |
| Extra Dinner Ticket for Friday, June 16 | <input type="checkbox"/> \$100 (increases to \$150 after May 26) | | |

TOTAL AMOUNT: \$ _____

PAYMENT INFORMATION

Card Type: VISA MasterCard AmEx Check enclosed in US Currency

Account #: _____ Exp. Date: _____

Cardholder Name: _____

Signature: _____

Billing Address (Zip Required): _____

PLEASE FAX, E-MAIL, OR MAIL THIS FORM TO THE EBAA, WITH PAYMENT.

Fax: 202.429.6036

Email: Genevieve@restoresight.org

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