



56th ANNUAL MEETING REGISTRATION

(Please Print or Type)

Name for Badge: _____ MD CEPT 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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