

# CORNEA and EYE BANKING FORUM 2017

NEW ORLEANS  
FRIDAY, NOVEMBER 10



## CORNEA AND EYE BANKING FORUM REGISTRATION

(Please Print or Type)

Name for Badge: \_\_\_\_\_  MD  CEBS  PhD  CTBS  \_\_\_\_\_

Organization/Eye Bank/Practice: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dietary Restrictions (MDs Only):  Vegetarian  Gluten Free  Other \_\_\_\_\_

*Please select the appropriate registration type.*

### Cornea and Eye Banking Forum: November 10

	Early Bird (Through 9/15)	Regular (9/16-10/23)	Onsite (11/10)
Paton Society Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
Cornea Society Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
Resident/Fellow	<input type="checkbox"/> \$115	<input type="checkbox"/> \$130	<input type="checkbox"/> \$150
EBAA Member	<input type="checkbox"/> \$175	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
Non-Member Physician	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325	<input type="checkbox"/> \$375
Corporate/Non-Member	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400

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](mailto:Genevieve@restoresight.org)

EYE BANK ASSOCIATION OF AMERICA | 101 17<sup>TH</sup> STREET, NW, SUITE 400, WASHINGTON, DC 20036