



2018 Technician Education Seminar January 31 – February 3, 2018 Tampa, Florida

Hosted by: *Lions Eye Institute for Transplant & Research*

The Technician Education Seminar is a course that includes a series of lectures on the practical, technical, and scientific aspects of the eye banking practice. It is designed to fit the needs of beginning eye bank technicians. This course is intended as one component of a technician's education and complements on-the-job training through the eye bank and independent preparation. Prior to registration, please review the seminar details below. **The deadline to register is January 6, 2018.**

PRELIMINARY SCHEDULE:

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|-----------------------|-----------------|
| Wednesday, January 31 | 6:45pm - 9:00pm |
| Thursday, February 1 | 7:45am - 5:30pm |
| Friday, February 2 | 8:00am - 5:00pm |
| Saturday, February 3 | 8:00am - 5:00pm |

TRAVEL:

Airline reservations should be made for arrival before **Wednesday, January 31 at 3:00pm** and departure any time after **7:00pm Saturday, February 3**. Note: **All attendees should plan to stay for the entire conference through Saturday at 5:00pm.**

PRE-TES READING:

Required: *EBAA Medical Standards, (most current edition), EBAA Procedures Manual, and Introduction to Eye Banking: A Handbook and Atlas by George Rosenwasser*. Information regarding the location of these materials will be sent to those who register.

HOTEL ACCOMODATIONS:

There is an EBAA room block at the Hampton Inn and Suites – Tampa/Ybor City. Please make reservations directly with the hotel by calling 813.247.6700 and mention EBAA or Eye Bank Association of America. The special EBAA room rate is \$169.00 per night for a single/double and is on a first-come first-served basis. **All unreserved rooms in the EBAA block will be released on December 22, 2017.**

REGISTRANT INFORMATION:

Name of Registrant: _____
Eye Bank/Organization: _____ Job Title: _____
Number of Years in Eye Banking: _____ Executive Director Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Work Phone: _____ Cell Phone: _____ Email: _____
Dietary Restrictions: ☐ Vegetarian ☐ Gluten Free

REGISTRATION FEES: (select the one that applies)

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|--|--------------------------|-------------------------|
| Early Bird Rates (<i>Expires Nov. 30</i>): | EBAA Member: \$500 _____ | Non-Member: \$900 _____ |
| Rates after Nov. 30: | EBAA Member: \$600 _____ | Non-Member: \$975 _____ |

PAYMENT INFORMATION:

Charge my: ☐ VISA ☐ MasterCard ☐ AmEx ☐ Check attached in US Currency
Card Number: _____ Expiration Date: _____
Cardholder Name: _____
Signature: _____
Billing Address (Zip Required): _____

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

E-mail: Genevieve@restoresight.org FAX: 202.429.6036
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