



2019 ANNUAL MEETING REGISTRATION

(Please Print or Type)

Name for Badge: _____ MD CEBS PhD RN CTBS _____

I am a: Resident or Fellow First-Time Attendee

Affiliation/Eye Bank: _____ Job Title: _____

Address: _____

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

Phone: _____ Email: _____

Dietary Restrictions: Vegetarian Gluten Free Vegan Food Allergies: _____

Emergency Contact Name and Phone Number: _____

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

FULL PROGRAM: Wednesday, June 5 – Saturday, June 8

Table with 4 columns: Registration Type, Through April 5, April 6-May 20, Onsite. Rows for EBAA Member, Non-Member, and Extra Dinner Ticket for Friday, June 7.

PHYSICIAN PROGRAM: Friday, June 7- Saturday, June 8

Table with 4 columns: Registration Type, Through April 5, April 6-May 20, Onsite. Rows for EBAA Paton Member, Non-Paton Member, Resident/Fellow Member, Resident/Fellow, and Extra Dinner Ticket for Friday, June 7.

ADDITIONAL EVENT OPPORTUNITIES:

Media Training Intensive: Proven Tips and Techniques for Success

EBAA Member \$50 (increases to \$100 after April 5) Non-Member \$60 (increases to \$110 after April 5)

Thursday Night Social: A Wild West Evening in Copper Canyon

EBAA Member \$35(increases to \$45 after April 5) Non-Member \$45 (increases to \$55 after April 5)

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 EBAA WITH PAYMENT.

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