



JUNE 17-20  
DALLAS

## 2020 ANNUAL MEETING REGISTRATION

(Please Print or Type)

Name for Badge: \_\_\_\_\_  MD  CEBT  PhD  RN  CTBS  \_\_\_\_\_

I am a:  Resident or Fellow  First-Time Attendee Email: \_\_\_\_\_

Affiliation/Eye Bank: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

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

Dietary Restrictions:  Vegetarian  Gluten Free  Vegan  Food Allergies: \_\_\_\_\_

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

### **FULL PROGRAM: Wednesday, June 17 – Saturday, June 20**

|             | <b>Through April 20</b>        | <b>April 21-June 1</b>           |
|-------------|--------------------------------|----------------------------------|
| EBAA Member | <input type="checkbox"/> \$595 | <input type="checkbox"/> \$695   |
| Non-Member  | <input type="checkbox"/> \$950 | <input type="checkbox"/> \$1,100 |

### **PHYSICIAN PROGRAM: Friday, June 19- Saturday, June 20**

|                            | <b>Through April 20</b>        | <b>April 21-June 1</b>         |
|----------------------------|--------------------------------|--------------------------------|
| EBAA Paton Member          | <input type="checkbox"/> \$450 | <input type="checkbox"/> \$550 |
| Non-Paton Member           | <input type="checkbox"/> \$550 | <input type="checkbox"/> \$650 |
| Resident/Fellow Member     | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$350 |
| Resident/Fellow Non-Member | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$450 |

### **MEETING ADD-ONS:**

#### **Executive Workshop: Inspiring a Culture of Trust**

EBAA Member \$50 (increases to \$60 after April 20)  Non-Member \$100 (increases to \$110 after April 20)

#### **An Evening in the Orinoco Rainforest (Social Event on Wednesday at the Dallas World Aquarium)**

EBAA Member \$35(increases to \$45 after April 20)  Non-Member \$55 (increases to \$65 after April 20)

#### **Post-Meeting Access to Recordings on eyeLEARN**

EBAA Member \$60 (increases to \$75 after April 20)  Non-Member \$100 (increases to \$125 after April 20)

#### **Guest Registration (Includes meals for a companion)**

EBAA Member \$295(increases to \$345 after April 20)  Non-Member \$345 (increases to \$395 after April 20)

#### **Extra Ticket for Annual Dinner and Awards Program on June 19**

\$125 (increases to \$150 after April 20)

**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.**

Fax: 202.429.6036 Email: [Genevieve@restoresight.org](mailto:Genevieve@restoresight.org)

Mail: Eye Bank Association of America 1101 17<sup>th</sup> Street, NW, Suite 400, Washington, DC 20036