2020 ANNUAL MEETING REGISTRATION FOR MULTIPLE STAFF

(Please Print or Type)

1.Full Name: ____________________ Designation (MD, CEBT) ________ Email: ____________________

Organization: __________________________ Job Title: _________________________

Address (Street, City, State Zip): ____

Registration Fee: ☐ Eye Banker Registration ☐ Physician Registration ☐ Student/Resident/Fellow

2.Full Name: ____________________ Designation (MD, CEBT) ________ Email: ____________________

Organization: __________________________ Job Title: _________________________

Address (Street, City, State Zip): ____

Registration Fee: ☐ Eye Banker Registration ☐ Physician Registration ☐ Student/Resident/Fellow

3.Full Name: ____________________ Designation (MD, CEBT) ________ Email: ____________________

Organization: __________________________ Job Title: _________________________

Address (Street, City, State Zip): ____

Registration Fee: ☐ Eye Banker Registration ☐ Physician Registration ☐ Student/Resident/Fellow

4.Full Name: ____________________ Designation (MD, CEBT) ________ Email: ____________________

Organization: __________________________ Job Title: _________________________

Address (Street, City, State Zip): ____

Registration Fee: ☐ Eye Banker Registration ☐ Physician Registration ☐ Student/Resident/Fellow

5.Full Name: ____________________ Designation (MD, CEBT) ________ Email: ____________________

Organization: __________________________ Job Title: _________________________

Address (Street, City, State Zip): ____

Registration Fee: ☐ Eye Banker Registration ☐ Physician Registration ☐ Student/Resident/Fellow

Check this box if you would like to purchase an Eye Bank Group Pass for your organization. ☐

Check this box if you would like to opt out of sponsor communications: ☐ Opt out

PAYMENT INFORMATION:

Card Type: ☐ VISA ☐ MasterCard ☐ AmEx ☐ Check enclosed in US Currency

Account #:____ Exp. Date:________

Cardholder Name:____

Signature:____

PLEASE E-MAIL OR MAIL THIS FORM WITH PAYMENT.

Email: Genevieve@restoresight.org

Make Check Payable to Eye Bank Association of America (EBAA)

Mail Check to: Bernie Dellario, 28632 Old Pasture Drive, Easton, MD 21601