



2020 ANNUAL MEETING REGISTRATION

(Please Print or Type)

Full Name: _____ Designation (MD, CEPT, etc.) _____

Email: _____ Affiliation/Eye Bank: _____

Job Title: _____ Address: _____

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

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

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

EYE BANKER REGISTRATION (Required to earn CEUs):

	Through May 29	May 30 – June 15
EBAA Member	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
Non-Member	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450

PHYSICIAN PROGRAM (Required for Physicians):

	Through May 29	May 30 – June 15
EBAA Paton Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125
Non-Paton Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
Student/Resident/Fellow	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75

EYE BANK GROUP PASS:

	Through May 29	May 30 – June 15
Small Eye Bank	<input type="checkbox"/> \$450	<input type="checkbox"/> \$650
Medium Eye Bank	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1,300
Large Eye Bank	<input type="checkbox"/> \$1,350	<input type="checkbox"/> \$1,950

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 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