

CORNEA and EYE BANKING FORUM 2020

VIRTUAL EVENT
SATURDAY, NOVEMBER 7



Cornea Society
Advancing the treatment of corneal disease

2020 CORNEA AND EYE BANKING FORUM REGISTRATION

(Please Print or Type)

Name: _____ Email: _____

Organization/Eye Bank: _____ Job Title: _____

Address: _____

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

Please select the appropriate registration type.

CORNEA AND EYE BANKING FORUM: November 7

	Early Bird (Through 10/1)	Regular (10/2-11/4)
Paton Society Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Cornea Society Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Resident/Fellow/Med Student	<input type="checkbox"/> \$40	<input type="checkbox"/> \$60
EBAA Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Non-Member Physician	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Corporate/Non-Member	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350

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 TO EBAA WITH PAYMENT.

Email: Genevieve@restoresight.org

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