



Meeting Registration Form

American Society of Retina Specialists 28th Annual Meeting
 Aug. 28–Sept. 1, 2010 • Vancouver Convention Centre • Vancouver, BC, Canada

PLEASE PRINT CLEARLY

First name _____ Middle initial / name _____ Last name _____ Degree _____

Complete mailing address as it should appear on meeting literature

City _____ State _____ Zip code _____ Country _____

E-mail _____ Phone (outside USA – include country & city codes) _____ Fax (outside USA – include country & city codes) _____

- Male Special assistance needed?
 Female Existing medical condition?
 Special dietary considerations? Please describe _____

REGISTRATION

For a list of included activities, see page 6 in the Call for Papers PDF.

	EARLY-BIRD Before April 1, 2010	2nd EARLY-BIRD April 1– May 31, 2010	REGULAR June 1– August 13, 2010	LATE/ON-SITE After August 13, 2010	TOTAL
<input type="checkbox"/> MEMBER	\$ 975	\$1,125	\$1,275	\$1,575	_____
<input type="checkbox"/> NON-MEMBER PHYSICIAN (Must have sponsoring member in attendance)	\$1,475	\$1,625	\$1,775	\$2,075	_____

Sponsoring member: _____

<input type="checkbox"/> NON-MEMBER NON-PHYSICIAN (Must have sponsoring member in attendance)	\$3,000	\$3,250	\$3,500	\$5,500	_____
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Sponsoring member: _____

Company where employed: _____ Professional title: _____

<input type="checkbox"/> FELLOW IN TRAINING MEMBER	\$625	\$650	\$675	\$775	_____
<input type="checkbox"/> FELLOW NON-MEMBER (Includes residents and med students)	\$725	\$725	\$725	\$775	_____

Training Program: _____

<input type="checkbox"/> ADULT GUEST (ages 12 & over)	\$400	\$450	\$500	\$550	_____
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An adult guest is a spouse, significant other, or child 12 or older. This category does not include corporate representatives.

Name(s) for badge: _____

<input type="checkbox"/> CHILD (ages 4–11)	\$200	\$225	\$250	\$275	_____
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<input type="checkbox"/> CHILD (under 4)	n/c				_____
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Name(s) for badge: _____

<input type="checkbox"/> FILM FESTIVAL SUBMISSION ONLY (per entry)			\$50		_____
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FULL PAYMENT = \$ _____

PAYMENT METHOD

CHECK payable to "American Society of Retina Specialists" in U.S. funds only (ASRS Tax ID: 11-3791806)

MAIL COMPLETED FORM

WITH CHECK TO:
 Medical Conference Planners, Inc.
 1251 Post Road
 Scarsdale, NY 10583 USA

QUESTIONS?

Phone (914) 722-0664
 asrsvancouver@medconfs.com

CANCELLATION /REFUNDS

All cancellations and requests for refunds must be in writing and received by Medical Conference Planners, Inc., 1251 Post Road, Scarsdale, NY 10583, USA, no later than July 30, 2010. A handling fee of \$125 will be charged for all cancellations, except adult guests and children, which will incur a \$25 cancellation fee. No refunds will be given after July 30, 2010.