



MASTERS AT THE WAVE 2009
A Combined Meeting of the Masters of the ASRS Annual Meeting
and the Western Association for Vitreoretinal Education Biennial Meeting
Fairmont Kea Lani

Maui, Hawaii
July 12- 15, 2009

REGISTRATION FORM

PLEASE TYPE OR PRINT CLEARLY

Name _____
 Last Name First Name Middle Initial Degree

Address _____
 Practice Name – University – Institution - Company

_____ Mailing address, including suite number or PO Box

_____ City State Zip Code Country

Phone: _____ FAX: _____ E-mail: _____

Please indicate category of registration:

	<u>BEFORE 6/11/09</u>	<u>AFTER 6/11/09</u>
<input type="checkbox"/> ASRS Member	\$495.00	\$595.00
<i>includes: attendance at seminar, program book, continental breakfasts, morning breaks and reception/dinner on 7/12 & 7/14.</i>		
<input type="checkbox"/> Non-Member Physician	\$795.00	\$895.00
<i>includes: attendance at seminar, program book, continental breakfasts, morning breaks and reception/dinner on 7/12 & 7/14.</i>		
<input type="checkbox"/> Accompanying Person (<i>includes: continental breakfasts and reception/dinner on 7/12 & 7/14</i>)	\$245.00	\$325.00
*Name for badge: _____		
<input type="checkbox"/> Final Farewell Dinner <u>only</u> (July 14)-Adult	\$95.00	\$135.00
*Name for badge: _____		
<input type="checkbox"/> Final Farewell Dinner <u>only</u> (July 14)-Child	\$35.00	\$55.00
*Name for badge: _____		

Method of payment: Total Amount of payment.....\$ _____

- Check enclosed
 VISA MasterCard American Express

Card #: _____ Exp. _____ Signature: _____

Billing Address of credit card holder (required):

If you have a disability and require special accommodations, please check here and attach a statement regarding your needs. We cannot ensure availability of appropriate accommodations without ample prior notification.

Register early! Registration space IS limited. Registration is first-come, first-served. Registrations will be confirmed by fax or e-mail from ASRS. The American Society of Retina Specialists is not responsible for travel-related costs for confirmed or non-confirmed registrations. Full payment must accompany registration form for registration to be processed. **Forms must be received by June 11, 2009 for early bird rates. After June 11, 2009, fees will increase as indicated above.**

REFUND POLICY: All cancellations and requests for refunds must be in writing and received **no later than June 23, 2009**. A processing fee of \$75.00 will be deducted from each cancelled registration received prior to June 23, 2008. **No refunds will be granted after June 23, 2009.**

Please send this completed form to: American Society of Retina Specialists, PMB #A, 2485 Notre Dame Blvd., Suite 370, Chico, CA 95928.
If paying by credit card, you may fax this form to: (530) 566-9192 Questions? Call: (530) 566-9181 or e-mail cordie@asrs.org