

International Society Member Meeting Registration Form American Society of Retina Specialists 35th Annual Meeting August 11-15, 2017

Hynes Convention Center • Boston, Massachusetts

PLEASE PRINT CLEARLY

First Name	Middle initial/name	Last Name	Degree	
International Society Membership				
Complete Mailing address as it should	ld appear on meeting literatur	re		
City	State	Zip Code	Country	
Email	none (outside US – include country & city codes)		Fax (same as telephone)	
Male Female Special Assistance Needed Please Describe:	Special Dieta	Existing Medical Condition? Special Dietary Consideration		
Registration rates				
	Early Bird on or before 2/1/17	2nd Early Bird 2/2/17 - 4/17/17	Regular 4/18/17- 7/27/17	Late/Onsite after 7/27/17
Non-Member Rate ASRS Member Discount Adult Guest Child Guest (ages 4-11) Child Guest (under 4)	\$1,520 \$975 (save \$545) \$350 \$200 n/c	\$1,700 \$1,125 (save \$575) \$350 \$225 n/c	\$1,850 \$1,275 (save \$575) \$350 \$250 n/c	\$2,150 \$1,575 (save \$575) \$350 \$275 n/c
,	,	,	Full Payment: \$,
PAYMENT METHOD in U.S. f	funds only AMEX	MASTERCARD VISA	(ASRS Tax ID: 11-379	1806)
Account Number	3 or 4 digit printed code*		Expiration Date	
Cardholder's Name as it appears on the credit card		Cardholder's signature		
Credit card billing address if differen	nt from above (street, city, stat	ee, postal code, country)		

MAIL COMPLETED FORM TO:

American Society of Retina Specialists 20 N. Wacker Drive, Suite 2030 Chicago, IL 60606 USA Email:members@asrs.org

QUESTIONS:

If you have any questions please call the ASRS at (312) 578-8760

CANCELLATION/REFUNDS

All cancellations and requests for refunds must be made in writing and have been received by the ASRS headquarters office no later than July 14, 2017. A \$125.00 administration fee will be applied to all refunds. No refunds will be given after July 14, 2017.

^{*3-}digit printed code on back of MC and Visa or 4-digit printed code on front of AMEX