

2019 Corporate Membership Program Contract

To guarantee participation in the 2019 ASRS Corporate Membership Program, a signed contract with full payment must be received no later than March 1, 2019.

COMPANY INFORMATION Please print clearly

Company name as it should appear on acknowledgement _____

Complete mailing address _____

City _____ State or Province _____ ZIP or postal code _____ Country _____

First and last name of company contact assigned to this program _____

Phone (outside USA—include country and city code) _____

E-mail _____

Choose a Corporate Membership Level

Refer to the 2019 Corporate Membership Program Benefits Statement for a complete description.

- | | |
|--|---|
| <input type="checkbox"/> Diamond: \$500,000 | <input type="checkbox"/> Gold: \$35,000** |
| <input type="checkbox"/> Emerald: \$300,000* | <input type="checkbox"/> Bronze: \$12,000 |
| <input type="checkbox"/> Platinum: \$200,000 | |

PAYMENT METHOD

All fees MUST be paid in US dollars

Total Enclosed \$_____ in the form of:

☐ CHECK payment to American Society of
Retina Specialists

☐ AMEX ☐ MASTERCARD ☐ VISA

Account Number _____

3- or 4-digit printed code _____

(3-digit code on back of MC, VISA or 4-digit code on front of AMEX)

Expiration date _____

Cardholder's name as it appears if different from above _____

BILLING ADDRESS ☐ Same as above

Street _____

City _____ State or Province _____

ZIP or postal code _____ Country _____

Signed: _____

Official Company Representative

Month _____ Day _____ Year _____

COMMENTS OR SPECIAL REQUESTS

*Corporate sponsors who have participated at the Platinum Level for 5 consecutive years receive a reduced rate of \$275,000 for their first year of Emerald-Level sponsorship.

**Corporate sponsors who have participated at the Bronze Level for 5 consecutive years receive a reduced rate of \$30,000 for their first year of Gold-Level sponsorship.

NOTICE FOR DIAMOND AND EMERALD MEMBERS

To take advantage of the Diamond and Emerald benefit of submitting questions for the 2019 ASRS Preferences and Trends (PAT) Survey, your membership contract and payment must be finalized by January 7, 2019.

TERMS OF ASSIGNMENT

We understand that the signer of this contract or the designee shall be the official representative of the company and shall have the authority to certify representatives and act on behalf of the company in all negotiations. This contract and related future mailings will be sent to the signer.

CANCELLATION POLICY

Companies may cancel participation in the Corporate Membership Program in writing on or before March 1, 2019 with a full refund minus a \$200 handling fee.

Please send completed form with payment
no later than March 1, 2019 to:

Jill Blim, Executive Vice President
American Society of Retina Specialists
20 North Wacker Drive, Suite 2030
Chicago, IL 60606 USA

Signed: _____

Official Representative/American Society of Retina Specialists

Month _____ Day _____ Year _____