ASRS American Society of Retina Specialists

2027 Corporate Membership Program Contract

To guarantee participation in the 2027 ASRS Corporate Membership Program, a signed contract with full payment must be received no later than April 2, 2027.

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 2027 Corporate Membership Program Benefits Statement for a complete description.

❑ Diamond:	$500,000	❑ Silver:	$25,000*
❑ Emerald:	$325,000	❑ Bronze:	$12,000
❑ Platinum:	$125,000	❑ Startup Plus:	$ 8,000
❑ Gold:	$ 50,000	❑ Startup:	$ 5,000

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

Please note: All credit card payments over $5,000 will be assessed a 3% service charge.

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 Bronze Level for 5 consecutive years receive a reduced rate of $20,000 for their first year of Silver-Level sponsorship.

NOTICE FOR DIAMOND AND EMERALD MEMBERS

To take advantage of the Diamond and Emerald benefit of submitting questions for the 2027 ASRS Preferences and Trends (PAT) Survey, your membership contract and payment must be finalized by December 7, 2026.

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 April 2, 2027 with a full refund minus a $200 handling fee.

Please send completed form with payment no later than April 2, 2027 to:

Sam Zerang, sam.zerang@asrs.org
If paying by check, please mail to:
American Society of Retina Specialists
PO Box 8289
Carol Stream, IL 60197-8289

Signed: _____

Official Representative/American Society of Retina Specialists

Month _____ Day _____ Year _____

Questions? Contact Sam Zerang | Phone: 312-578-8760 | Email: Sam.Zerang@asrs.org