Registration Form

Grand Canyon Regional Ophthalmology Meeting

June 7-9, 2019

Name:_____

Address:_____

City:_____**State:**_____**Zip**_____

Email:_____

AOS Member with Current Dues → $250.00 ____

AOS Retired Member → $200.00 ____

AOS Resident Member → $0 → ____

AZ Non Member → $800.00 ____

Out of State Non Member → $300.00 ____

I will attend reception on 6/7 Yes → ☐ No ☐
→ Number in Party → → ____

I will attend reception on 6/8 Yes → ☐ No ☐
→ Number in Party → → ____

I will attend OMIC seminar on 6/9
→ Yes → ☐ No ☐

I will only attend OMIC seminar on 6/9 →
→ Yes → ☐ No ☐

Make check payable to the Arizona Ophthalmological Society or pay by **Visa, MasterCard, or AMEX** and send to: POB 35159., Phoenix, AZ 85069, email to patrice@azmed.org or fax to 602 242-6283.

Credit Card #_____

Exp Date_____ CVC #_____

Cancellations received up to 72 hours preceding the conference will be refunded minus a $20.00 administrative fee. No refunds will be made on cancellations received after June 4, 2019.