AMERICAN EYE STUDY CLUB

2016 AAO Annual Meeting

Events Registration

Please use this sheet to sign-up for the social events and business meeting scheduled during the American Academy of Ophthalmology annual meeting in Chicago. If attending the business meeting/luncheon, please note that there is a nominal $50 registration fee. You may pay by credit card or check.

To return you registration form:

Mail – American Eye Study Club
10 W. Phillip Rd., Suite 120
Vernon Hills, IL 60061-1730

Fax – 847-680-1682

Online registration –
http://www.americaneyestudyclub.org/aao-chicago---2016

PLEASE PRINT

Member's name: _____

Preferred email: _____

Please mark the events you are planning to attend. If registering for the business meeting/luncheon, be sure to include your form of payment.

☐ Business meeting/lunch - Sat., October 15 . . . . . $50 registration fee*

☐ Reception - Sun., October 16 . . . . . No charge

☞ Number attending reception: _____

☞ Orbital Gala Shuttle - enter number riding here: _____

* *Enter form of payment below for business meeting/lunch*

Form of Payment: ❑ Check *(payable to: "American Eye Study Club")* ❑ Visa ❑ MasterCard ❑ Discover ❑ American Express

Credit Card # | | | | | | | | | | | | | | | | Exp. Date | | | / | | |

Security Code (3 or 4 digits) | | | | |

Name on card: _____

Billing address for card: _____

Signature _____