AMERICAN EYE STUDY CLUB - 2017

60TH ANNUAL MEETING REGISTRATION FORM

Ritz Carlton Resort ❖ Laguna Niguel ❖ July 30 - August 4, 2017

Please complete this form for yourself and any spouses/guests, children or others who will be attending the meeting events. Return your registration with your payment to the American Eye Study Club, 10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061. A postage-paid envelope is enclosed. If paying by credit card, you may fax your form to: 847/680-1682.
Questions? Call the Club office at 847/680-1666 or send email: Rich@RichardPaulAssociates.com

PLEASE PRINT ! ! !

Member's name: _____

Spouse/guest name(s) attending: _____

Children names & ages attending: _____

Planned arrival date: _____ Planned departure date: _____

Indicate the total number of individuals attending the meeting and the number of individuals attending **each event** below. Enter the registration fee amount due in the far right column plus the grand total at the bottom.

Event		Cost	# of Individuals Attending			$ Total
			Member	Spouse/Guest	Children	
AESC meeting registration *(includes all group meals & receptions)*	Club Member	$900				$
	Spouse & adult guests age 18 and older	$800 per person				$
	Children	$350 (13-17)				$
		$110 (5 - 12) | < 5 free				
Recreational Events - Indicate number & multiply for total event cost						
		Categories ➜	Adults	Kids/Older	Kids/Young	
Mon. Morning on the Beach Discovery & Games: ages 5-11		$30 each				$
Surfing/Paddleboard Lessons: ages 12+		$50 each				$
Mon. Evening - Pageant of the Masters		$56 each				$
Tues. Tennis Tournament		$30 per player				$
Wed. Sand Castle Building Contest		$40 Adults (12+) $25 Kids (8-11) Free (under 8)				$
Thurs. Golf Outing		$205 per player				$
Thurs. "Not Golf & Mimosas" (adults only)		$30 per person				$
Paddleboarding for families		$50 per person				$
Grand Total - Registration fees ➜						$ 0.00

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 _____