

38th Annual Aspen Retinal Detachment Society Meeting

March 6–10, 2010 • Snowmass Conference Center • Snowmass, Colorado

Meeting Registration Form

Please complete the information as it should appear on meeting literature. Please print clearly.

First name Middle Last name Degree

Street address

City State Zip/postal code Country

Office phone (include country & city code if outside USA) Office fax Cell phone

E-mail

REGISTRATION FEE (Includes meeting costs, welcome dinner, Nastar ski race and picnic lunch, daily après ski refreshments [Sunday–Wednesday] and closing dinner)

Early Bird On or before 12-18-09	Late Fee After 12-18-09	Fellow Early Bird On or before 12-18-09	Fellow Late Fee After 12-18-09	"Over 65" Early Bird On or before 12-18-09	"Over 65" Late Fee After 12-18-09	"Over 70" Early Bird On or before 12-18-09	"Over 70" Late Fee After 12-18-09	Total
\$750	\$850	\$550	\$650	\$500	\$600	\$300	\$400	

SOCIAL EVENTS: BOTH EVENTS #1 AND #2 ARE INCLUDED IN YOUR REGISTRATION FEE.

EVENT #1: WELCOME DINNER on Saturday, March 6

I will attend the Welcome Dinner. I will not attend the Welcome Dinner.

Additional Guests: Adult guest \$60. # _____ Child guest (ages 4-11) \$35. # _____ \$ _____

Name(s) of guest(s) _____

EVENT #2: CLOSING DINNER on Tuesday, March 9

I will attend the Closing Dinner. I will not attend the Closing Dinner.

Additional Guests: Adult guest \$85. # _____ Child guest (ages 4-11) \$55. # _____ \$ _____

Name(s) of guest(s) _____

METHOD OF PAYMENT (in U.S. funds only) **Total Enclosed**

I have enclosed the following amount: \$ _____

CHECK enclosed – made payable to: Medical Conference Planners, Inc. (Tax ID#13-4010438)

Please charge my credit card: MASTERCARD VISA AMEX

Account number Expiration date 3-digit printed code (MC, Visa) or 4-digit printed code (AmEx)*

Cardholder's name as it appears on the credit card Cardholder's signature Date of signature

Credit card billing address if different from above (street, city, state, zip code, country)

* Last 3 digits of the printed code on back side of credit card (MC, Visa) or last 4 digits on the front (AmEx)

CANCELLATION POLICY: Registration cancellations prior to or on January 8, 2010 are subject to a \$200 cancellation fee.

No refunds after January 8, 2010.

COMMENTS OR SPECIAL REQUESTS:

Please send completed form with payment to:

MAIL:
Medical Conference Planners, Inc.
1251 Post Road
Scarsdale, NY 10583

FAX:
If paying by credit card
you may fax this form to:
(914) 931-1664

QUESTIONS?
Phone (914) 722-0664
ards@medconfs.com