AMERICAN UVEITIS SOCIETY

16th ANNUAL WINTER SYMPOSIUM

January 14–16, 2012 • The Canyons Resort • Park City, Utah

MEETING REGISTRATION FORM

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

First name | Middle initial/name | Last name | Degree

Complete mailing address as it should appear on meeting literature

City | State | Zip code | Country

Telephone (Outside USA include country & city code) | Fax (Outside USA include country & city code)

E-mail

REGISTRATION FEES (Includes daily breakfast, après ski refreshments and Saturday evening dinner)

	Early Bird (on or before 12-9-11)	**Late Fee** (after 12-9-11)
Physician	$ 500.00	$ 550.00
Residents/Fellows	$ 250.00	$ 300.00
Adult Guest (ages 12 & over)	$ 100.00	
Child Guest (ages 4-11)	$ 75.00	

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 or 4 digits of the printed code on back side of credit card

CANCELLATION/REFUND POLICY: REGISTRATION CANCELLATIONS PRIOR TO OR ON DECEMBER 16, 2011 ARE SUBJECT TO A $100 CANCELLATION FEE. NO REFUNDS AFTER DECEMBER 16, 2011.

CASE PRESENTATIONS are being accepted for Saturday, January 14, 2012. Deadline for receipt: December 16, 2011.

☐ I would like to submit a case for discussion on Saturday, January 14, 2012.

Title:

ABSTRACTS FOR FREE PAPERS are being accepted for Monday, January 16, 2012. Deadline for receipt: December 16, 2011.

☐ I would like my abstract to be considered for presentation as a free paper on Monday, January 16, 2012.

Title:

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
karen.baranick@medconfs.com