



Ocular Oncogenesis and Oncology Conference Registration Form

A. Primary Contact Information

First Name	Last Name	Customer ID (if known)
Address	City/State	Zipcode
Country	Email Address	

B. Registration Information and Rates (shown in U.S dollars)

Registration Categories	Early Bird Rate Through June 8, 2018	Advance Rate Through July 6, 2018	Onsite Rate After July 6, 2018
Regular Attendee	\$449	\$495	\$515
Student Attendee	\$249	\$295	\$315

**Students are undergraduate and graduate students, post-graduate fellows, medical students, optometry students, and residents*

Supervisor's Information (required for Student Attendees)

First Name _____ **Last Name** _____ **Email** _____
Institution/Department _____ **Expected Training Level completion (mm/dd/yy)** _____

Registration includes:

- 2 ½ days of programming
- Coffee breaks, two lunches, one opening reception
- Champalimaud facility tour option
(sign-up onsite, space may be limited)
- Electronic conference materials

If you have questions regarding dietary requirements and/or special accommodations, **please contact Mia Williams at: mwilliams@arvo.org**. ARVO requires notification at least three weeks before the conference to ensure that arrangements can be made ahead of your arrival.

Cancellation and refund policy

The deadline for refund requests is **Friday, July 6, 2018**. Registration fees will be refunded for the amount paid, less a \$40 administrative fee (\$20 for students). No refunds will be given for cancellations received in the ARVO office after July 6, 2018. All cancellations must be sent in writing to ARVO: 1801 Rockville Pike, Suite 400, Rockville, MD 20852, or by emailing arvo@arvo.org.

C. Payment Information

Total Due \$ _____

- Visa
 MasterCard
 American Express

Credit Card Number	Expiration Date	Security Code (3 or 4 digits)
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 Cardholder Name Billing Address

 Signature *(I authorize ARVO to charge my credit card for the fee indicated on this form.)*