

Research Grant Administrators Registration Form

Register online: ARVO.org/rga

Tues., April 30, 2019, 8am-4:30pm U.S. ET

The Association for Research in Vision and Ophthalmology • 1801 Rockville Pike, Suite 400 • Rockville, MD 20852-5622 • Tel +1.240.221.2900 • Fax +1.240.221.0370 • arvo.org

Registration deadline: April 19, 2019

- Registration fees are not included in your membership dues.
- A confirmation will be emailed to you upon registration.
- Each meeting participant is required to register.

To be eligible for this special registration fee:

Signature

See ARVO.org/Policies.

By authorizing payment, registrant agrees to abide by ARVO policies.

- · You must be involved in grant management or preparation for one or more Principal Investigators.
- Your primary function may not be as a researcher.
- You may not be First Author or co-author on an ARVO Abstract.
- You must attend the Research Grant Administrators Program

A.	Personal Information (p	lease print)	Men	nber # (if applicable)	
	First Name	MI	Last Name	Degree(s)	
	Email Address (required)		Phone Number		
	Organization/Institution		Department		
	Street Address				
	City	State/Province	Postal Cod	e Country	
	E Please indicate accessib	vility requirements			
В.	Registration				
	☐ Research Grant Admin	istrator Program	\$165	\$	
	☐ Sunday Social		\$30	\$	
C.	Payment Total Due \$ D. Payment information				
	☐ Visa ☐ Ma	asterCard	 Payment must accompany this form. A purchase order will not be accepted. 		
	☐ Check enclosed (payable to ARVO in U.S Dollars drawn on a U.S. bank)		ARVO's Federal I.D. Number is 34-0812556		
	Credit Card Number Expiration Date (mm yy)	Security code (3 or 4 digits on card)	Registration refunds: An email request must be received by 5pm US Eastern Time, April 19, 2019. Registration fees will be refunded for the amount paid, less a \$20 administrative fee. No refunds will be given for cancellations received in the ARVO office after Friday, April 19, 2019. All cancellations must be sent in writing to ARVO: 1801 Rockville Pike, Suite 400, Rockville, MD 20852, Fax: 240.221.0370 or by email ing education@arvo.org.		
Cardholder name			 To avoid duplicate registrations, do not mail the original Registration Form if you fax the Form or register online. 		
Billing address			■ Complete one form per registrant.		
City	/State/Country			-	
Pos	tal code				