

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

Early registration deadline: March 1, 2019

Register online: ARVO.org/am

- Registration fees are not included in your membership dues. ***Submit your application by Nov. 23 to submit an abstract.**
- Each meeting participant is required to register. Having an abstract accepted for presentation does not mean you are registered to attend the meeting.
- Questions? Contact Customer Service at arvo@arvo.org or call +1.240.221.2900.**

A. Primary Contact Information (please print) First Name: _____ Last Name: _____ Phone Number: _____
 Email Address (required): _____ Organization/Institution: _____
 Street Address: _____ City: _____ State/Province: _____ Country: _____ Postal Code: _____

B. Attendee Information (please print)

| Registrant # | First/Last Name | ARVO Member (Yes/No) | Individual Email Address (required) | Member ID (if known) | Degree(s) |
|--------------|-----------------|----------------------|-------------------------------------|----------------------|-----------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

Please indicate accessibility requirements: _____

C. Registration (Mark the appropriate selection according to the Registrant #)

| | By March 1 | After March 1 | |
|---|------------|---------------|----------|
| <input type="checkbox"/> ARVO Member <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | \$314 | \$439 | \$ _____ |
| <input type="checkbox"/> ARVO Member-in-Training <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | \$214 | \$289 | \$ _____ |
| <input type="checkbox"/> Non-member <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | \$574 | \$699 | \$ _____ |
| (Meeting Registration + 1 year of Complimentary Regular Membership) | | | |
| <input type="checkbox"/> Non Member (meeting registration only) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | \$574 | \$699 | \$ _____ |

D. Annual Meeting Extras

| | By March 1 | After March 1 | |
|--|------------|---------------|----------|
| <input type="checkbox"/> ARVO Foundation/Dowling Society Gala (Sat., April 27) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | \$295 | \$345 | \$ _____ |
| <input type="checkbox"/> Sunday Social (Sun., April 28) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | \$30 | \$30 | \$ _____ |
| <input type="checkbox"/> Sunday Social (age 18 and under) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | \$20 | \$20 | \$ _____ |
| <input type="checkbox"/> WEAVR Luncheon (Mon., April 29) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | | | |
| ARVO Member/Nonmember <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | \$65 | \$65 | \$ _____ |
| ARVO Member-in-Training <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | \$45 | \$45 | \$ _____ |
| <input type="checkbox"/> Karaoke Night (Wed., May 2) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | \$10 | \$10 | \$ _____ |
| <input type="checkbox"/> Program Summary Book (pick up at meeting) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | \$15 | \$25 | \$ _____ |
| <input type="checkbox"/> Donate to ARVO Foundation <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <small>(Donations are tax deductible to the fullest extent of U.S. law. Tax ID: 52-2322462)</small> | | | \$ _____ |

E. CME credit and certificate processing fee

| | By March 1 | After March 1 | |
|--|------------|---------------|----------|
| <input type="checkbox"/> ARVO Member/Non-Member <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | \$79 | \$99 | \$ _____ |
| <input type="checkbox"/> ARVO Member-in-Training <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | \$59 | \$59 | \$ _____ |

F. ARVO Education Courses — Sat., April 27 (Annual Meeting Registration required)

Full-day Courses (8:00am – 4:30pm)

- Diabetic retinopathy: What's new
- Applying electrophysiological techniques to translational vision research
- Artificial Intelligence - from benchtop to bedside

| Fees - Full Day | By March 1 | After March 1 | Registrant # |
|--------------------|------------|---------------|--------------|
| Member | \$204 | \$254 | _____ |
| Member-in-Training | \$154 | \$174 | _____ |
| Non-member | \$274 | \$324 | _____ |

Half-day Course (8:00am – 12:30pm)

- Statistical methods for correlated eye data
- Ocular immunology: Fundamentals, disease entities and future therapeutic opportunities

| Fees - Full Day | By March 1 | After March 1 | Registrant # |
|--------------------|------------|---------------|--------------|
| Member | \$144 | \$194 | _____ |
| Member-in-Training | \$104 | \$124 | _____ |
| Non-member | \$194 | \$244 | _____ |

Course Amount Due (fee X number of courses) \$ _____

*Annual Meeting CME fees include CME for Education Courses when applicable. See ARVO.org/EducationCourses.

G. Payment Total of sections (C+D+E+F) \$ _____

- Check enclosed (payable to ARVO in U.S. Dollars drawn on a U.S. bank)
- Visa MasterCard American Express

Credit Card Number

Expiration Date
(mm/yy)

Security Code
(3 or 4 digits on card)

Cardholder Name _____ Signature _____

Billing Address _____ Postal Code _____

By authorizing payment, registrant agrees to abide by ARVO policies. See ARVO.org/Policies.

Payment Information

- Payment must accompany this form. A purchase order will not be accepted.
- ARVO's Federal I.D. Number is 34-0812556.
- Registration refunds: Email request must be received by 5pm ET (US), Friday, April 19, 2019; an administrative fee of \$40 (\$20 student) will be retained.
- An email confirmation with an ExpressPass will be sent to you in advance.
- To avoid duplicate registrations, do not mail the original Registration Form if you fax the form or register online.