

Eleventh Annual WEAVR Luncheon

Monday, April 29, 2019 | 1:15 – 2:45pm | Vancouver Convention Centre | Vancouver, Canada

Attendee Information

Full name and degrees Department

Sponsor name as you wish it to appear on sponsor listings (website, program, signage)

Street address

City State/Province Postal Code Country

Email (required) Phone

Primary contact name Primary contact email
If other than attendee; i.e. department administrator

Tickets & Tables

	Cost	Quantity	Subtotal
MIT/trainee ticket	\$45	_____	_____
Member/non-member ticket	\$65	_____	_____
Silver Table	\$1,250	_____	_____
Gold Table	\$2,500	_____	_____

I cannot attend but would like to make a donation to the ARVO Foundation in the amount of: _____

Total Amount Due: _____

U.S. tax deduction: The tax deductible portion of your purchase is \$25 per member/non-member ticket, \$600 per Silver Table and \$2,100 per Gold Table.

Payment Options

Check: payable to *ARVO Foundation for Eye Research* in U.S. Dollars drawn on a U.S. bank

Credit card:

To protect your credit card information, the ARVO Foundation will not collect your credit card information on an unsecured form. Please use one of the following methods to pay by credit card.

I will pay online at arvo.wufoo.com/forms/2019-gala-and-weavr-luncheon-tables-tickets/

Please call me to take my payment by credit card over the phone

Sponsor name

Attendee Information **DUE BY Friday, March 29, 2019**

If you purchased a table or multiple tickets please list the names and email address of each attendee.

A buffet luncheon will be served. Please indicate below if anyone in your party has special dietary needs, and someone will follow up with you to assure we can meet their needs.

	Attendee Name	Attendee Email
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Someone in my party has a special dietary need. Please contact me.

Questions? Please contact Amanda Johnson at +1.240.221.2950 or info@arvofoundation.org.

Form and Payment Submission

Email to: info@arvofoundation.org

Mail to: 1801 Rockville Pike, Suite 400
Rockville, MD 20852-5622

Fax to: +1.240.221.0370

Payment must accompany this form. A purchase order will not be accepted. **Refund Policy:** A written request must be received by 5 PM Eastern, March 29, 2019, in order to receive a refund. A 20% refund fee will be applied. **No refunds will be given after March 29, 2019 for any reason.** To avoid duplicate registrations, do not mail the original form if you faxed, emailed it or registered online. This event is accessible to all people. ARVO Foundation Federal ID Number is 52-2322462.