

## 12th Annual WEAVR Luncheon

Monday, May 4, 2020 | 1:15 – 2:45pm | Hilton Baltimore Inner Harbor | Baltimore, Md.

### 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 <i>If other than attendee; i.e. department administrator</i>		Primary contact email	

### Tickets & Tables

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

I would like to make an additional donation to the ARVO Foundation in the amount of: \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

**U.S. tax deduction:** If you redeem your ticket(s), the estimated fair market value of the goods and services you will receive is \$60 per ticket/seat. The portion of your purchase that may be eligible for a U.S. tax deduction is \$5 per Member/Non-member Regular ticket, \$650 per Silver Table and \$1,900 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/2020-gala-and-weavr-luncheon-tables-tickets/](http://arvo.wufoo.com/forms/2020-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 27, 2020**

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.

	<b>Attendee Name</b> (First and last name only)	<b>Attendee Email</b>
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](mailto:info@arvofoundation.org).

**Form and Payment Submission**

**Email to:** [info@arvofoundation.org](mailto: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, April 24, 2020 in order to receive a refund. A 20% refund fee will be applied. **No refunds will be given after April 24, 2020 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.