



May 3, 2014 • Orlando, Fla.

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

**Early registration deadline:**

Registration fees are not included in your membership dues.

Each meeting participant is required to register. Having an abstract accepted for presentation does not mean you are registered to attend the meeting.

**Register online:**

**A. Personal Information** (Please Print) ARVO Member #

☐ I am a physician licensed to practice in the U.S. and my National Provider Identifier (NPI) number is:

|                           |      |                          |             |         |
|---------------------------|------|--------------------------|-------------|---------|
| First Name                | MI   | Last Name                | Degree(s)   |         |
| Department                |      | Organization/Institution |             |         |
| Street Address            | City | State/Province           | Postal Code | Country |
| E-mail Address (required) |      |                          |             |         |
| Phone                     | Fax  |                          | Mobile      |         |

**B. Emergency Contact (please print)**

|  |              |
|--|--------------|
| Emergency Contact Name                                   | Phone number |
| Special requirements, allergies and dietary restrictions |              |

**C. Registration**

**By March 21**

**By April 25**

**After April 25**

|   |       |       |       |          |
|---|-------|-------|-------|----------|
| <input type="checkbox"/> ARVO Member              | \$179 | \$199 | \$219 | \$ _____ |
| <input type="checkbox"/> ARVO Member-in-Training. | \$109 | \$129 | \$149 | \$ _____ |
| <input type="checkbox"/> Nonmember                | \$229 | \$249 | \$269 | \$ _____ |
| <input type="checkbox"/> Student Nonmember        | \$129 | \$149 | \$169 | \$ _____ |

\*Complete Status Certification below.

\*I certify that during 2014 I will have full-time student status.

|                        |             |       |                 |
|------------------------|-------------|-------|-----------------|
| Supervisor's Signature | Institution | Email | Graduation Date |
|------------------------|-------------|-------|-----------------|

**D. Payment Options**

**Total Amount Due \$ \_\_\_\_\_**

☐ Visa ☐ MasterCard ☐ American Express ☐ Check Enclosed (Payable to ARVO in US Dollars drawn on a US bank)

|                           |                                   |   |
|---------------------------|-----------------------------------|---|
| <b>Credit Card Number</b> | <b>Expiration Date</b><br>(mm/yy) | <b>Security Code</b><br>(3 or 4 digits) |
| <input type="text"/>      | <input type="text"/>              | <input type="text"/>                    |

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

**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: An email request must be received by 5pm ET (US),

Friday, April 25, 2014; an administrative fee of \$40 (\$20 student) will be retained.

Allow three days for processing.

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.

**Questions?** Please contact Tia Metzger at +1.240.221.2953 or [tmetzger@arvo.org](mailto:tmetzger@arvo.org). This meeting is accessible to all people.