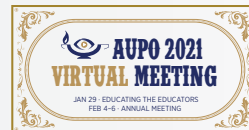


REGISTRATION FORM

AUPO 2021 VIRTUAL MEETING and EDUCATING THE EDUCATORS



1 Attendee

Full Name: _____ Credentials: _____

School/Institution/Company: _____

Street Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

2 Please check the category and appropriate fee for each choice.

Attendee Category		AUPO Annual Meeting Feb 4–6		Educating the Educators Jan 29	
		by Dec 18	after Dec 18	by Dec 18	after Dec 18
MEMBERS	AUPO Member (CHAIR, PROGRAM DIR, ASSOC PROGRAM DIR, MED STUDENT EDUCATOR, RESEARCH DIR)	<input type="checkbox"/> \$390	<input type="checkbox"/> \$435	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165
	Administrator Member	<input type="checkbox"/> \$342	<input type="checkbox"/> \$387	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165
	Coordinator Member	<input type="checkbox"/> \$300	<input type="checkbox"/> \$345	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165
ALUMNI	Chair/PD/MSE/RD Alumni	<input type="checkbox"/> \$390	<input type="checkbox"/> \$435	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165
	Administrator Alumni	<input type="checkbox"/> \$342	<input type="checkbox"/> \$387	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165
	Coordinator Alumni	<input type="checkbox"/> \$300	<input type="checkbox"/> \$345	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165
GUESTS	Administrator Non-Member	<input type="checkbox"/> \$462	<input type="checkbox"/> \$507	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165
	Coordinator Non-Member	<input type="checkbox"/> \$375	<input type="checkbox"/> \$420	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165
	Professional Guest (Academic) INDICATE CHAIR MEMBER BELOW: <hr/> <i>SPONSOR'S FIRST AND LAST NAME – MUST BE AN AUPO CHAIR ATTENDING THE MEETING</i>	<input type="checkbox"/> \$477	<input type="checkbox"/> \$522	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165
	Professional Guest (Industry) INDICATE CHAIR MEMBER BELOW: <hr/> <i>SPONSOR'S FIRST AND LAST NAME – MUST BE AN AUPO CHAIR ATTENDING THE MEETING</i>	<input type="checkbox"/> \$570	<input type="checkbox"/> \$615	<input type="checkbox"/> \$237	<input type="checkbox"/> \$252
	Subtotals:	\$	\$	\$	\$

3 Total and Method of Payment

Total Fees: \$ _____

Credit Card: Visa MasterCard

Card #: _____ Exp: _____

NAME AND ADDRESS ASSOCIATED WITH CREDIT CARD – IF DIFFERENT FROM ATTENDEE

Credit card payments should be faxed to (415) 561-8531.

Check # _____

Check payments TOGETHER WITH THIS FORM should be mailed to:

AUPO
PO Box 394069
San Francisco, CA 94139-4069

CANCELLATION POLICY: Refund requests must be IN WRITING and received at the AUPO office by January 15, 2021. Refunds are subject to a \$75 administrative fee.
ASSOCIATION OF UNIVERSITY PROFESSORS OF OPHTHALMOLOGY: 655 Beach Street, San Francisco, CA 94109 · (415) 561-8548 · Email: aupo@aao.org · www.aupo.org