

REGISTRATION FORM

AUPO 2022 ANNUAL MEETING and **EDUCATING THE EDUCATORS**

FORT LAUDERDALE, FL · FORT LAUDERDALE MARRIOTT HARBOR BEACH RESORT & SPA · JANUARY 26-29



1 Attendee

Full Name: _____ Credentials: _____

School/Institution/Company: _____

Street Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Guest Name: _____

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

Attendee Category		AUPO Annual Meeting Jan 27–29		Educating the Educators Jan 26	
		by Dec 22	after Dec 22	by Dec 22	after Dec 22
MEMBERS	AUPO Member/Associate Member (non-Administrator) (DUES MUST BE CURRENT)	<input type="checkbox"/> \$650	<input type="checkbox"/> \$725	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
	Administrator Member (DUES PAID)	<input type="checkbox"/> \$570	<input type="checkbox"/> \$645	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
	Coordinator Member (DUES PAID)	<input type="checkbox"/> \$500	<input type="checkbox"/> \$575	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
ALUMNI	Chair/PD/MSE/RD Alumnus/Alumna	<input type="checkbox"/> \$650	<input type="checkbox"/> \$725	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
	Administrator Alumnus/Alumna	<input type="checkbox"/> \$570	<input type="checkbox"/> \$645	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
	Coordinator Alumnus/Alumna	<input type="checkbox"/> \$500	<input type="checkbox"/> \$575	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
GUESTS	Administrator Non-Member (DUES NOT PAID)	<input type="checkbox"/> \$770	<input type="checkbox"/> \$845	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
	Coordinator Non-Member (DUES NOT PAID)	<input type="checkbox"/> \$625	<input type="checkbox"/> \$700	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
	Professional Guest (Academic) INDICATE SPONSOR BELOW: <i>SPONSOR'S FIRST AND LAST NAME – MUST BE AN AUPO CHAIR ATTENDING THE MEETING</i>	<input type="checkbox"/> \$795	<input type="checkbox"/> \$870	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
	Professional Guest (Industry) INDICATE SPONSOR BELOW: <i>SPONSOR'S FIRST AND LAST NAME – MUST BE AN AUPO CHAIR ATTENDING THE MEETING</i>	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,025	<input type="checkbox"/> \$395	<input type="checkbox"/> \$420
	Spouse/Personal Guest: <i>REGISTERED ATTENDEE'S FIRST AND LAST NAME</i>	<input type="checkbox"/> \$225			
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

Check # _____

Check payments TOGETHER WITH THIS FORM should be mailed to:

AUPO
PO Box 394069
San Francisco, CA 94139-4069

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

CANCELLATION POLICY: Refund requests must be IN WRITING and received at the AUPO office by January 4, 2022. Refunds are subject to a \$75 administrative fee.

MEETING MATERIALS will be available at the AUPO Registration Desk. Materials will NOT be mailed to attendees in advance.

ASSOCIATION OF UNIVERSITY PROFESSORS OF OPHTHALMOLOGY: 655 Beach Street, San Francisco, CA 94109 · (415) 561-8548 · Email: aupo@aao.org · www.aupo.org