

REGISTRATION FORM

AUPO 2024 ANNUAL MEETING and EDUCATING THE EDUCATORS
AUSTIN, TX · MARRIOTT AUSTIN DOWNTOWN · JANUARY 31 - FEBRUARY 3



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.

	AUPO Annual Meeting Feb 1-3		Educating the Educators Jan 31	
	by Dec 19	after Dec 19	by Dec 19	after Dec 19
AUPO Members (all categories) and Alumni (DUES MUST BE CURRENT)	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450
Coordinator Affiliate (DUES MUST BE CURRENT)	<input type="checkbox"/> \$575	<input type="checkbox"/> \$675	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400
Coordinator Non-Member	<input type="checkbox"/> \$725	<input type="checkbox"/> \$825	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
Medical Student/Resident/Fellow INDICATE SPONSOR BELOW: _____ <i>SPONSOR'S FIRST AND LAST NAME - MUST BE AN AUPO CHAIR ATTENDING THE MEETING</i>	<input type="checkbox"/> \$350		<input type="checkbox"/> \$200	
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"/> \$850	<input type="checkbox"/> \$950	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
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"/> \$1,200	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$700	<input type="checkbox"/> \$850
Spouse/Personal Guest (INCLUDES: BREAKFASTS, BREAKS, RECEPTIONS AND BANQUET): _____ <i>REGISTERED ATTENDEE'S FIRST AND LAST NAME</i>	<input type="checkbox"/> \$250			
	\$	\$	\$	\$

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 WITH THIS FORM should be mailed to:

AUPO
PO Box 884069
Los Angeles, CA 90088-4069

CANCELLATION POLICY: Refund requests must be IN WRITING and received at the AUPO office by December 19, 2023. Refunds are subject to a \$100 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 ·
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