

# REGISTRATION FORM

**AUPO 2018 ANNUAL MEETING** and **EDUCATING THE EDUCATORS**  
 AUSTIN, TEXAS · JW MARRIOTT AUSTIN · JANUARY 24–27



## 1 ATTENDEE

Full Name: \_\_\_\_\_ Credentials:  MD  PhD  Other \_\_\_\_\_

Medical School/Academic Institution: \_\_\_\_\_

Eye Center/Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Attendee Category	AUPO Annual Meeting Jan 25–27		Educating the Educators Meeting Jan 24		Reception and Banquet Jan 26	Administrator's Social Activity (ADMINISTRATORS ONLY) Jan 25	
	by Dec 15	after Dec 15	by Dec 15	after Dec 15	no deadline	by Dec 15	after Dec 15
<input type="checkbox"/> AUPO Member* <small>*DUES MUST BE CURRENT</small>	<input type="checkbox"/> \$575	<input type="checkbox"/> \$650	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	included	n/a	n/a
<input type="checkbox"/> Professional Guest (Academic)* <small>*INDICATE THE NAME OF THE CHAIR SPONSOR:</small>	<input type="checkbox"/> \$720	<input type="checkbox"/> \$815	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	included	n/a	n/a
<small>SPONSOR MUST BE AN AUPO CHAIR ATTENDING THE MEETING</small>							
<input type="checkbox"/> Professional Guest (Industry)* <small>*INDICATE THE NAME OF THE CHAIR SPONSOR:</small>	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$345	<input type="checkbox"/> \$390	included	n/a	n/a
<small>SPONSOR MUST BE AN AUPO CHAIR ATTENDING THE MEETING</small>							
<input type="checkbox"/> Administrator AUPO Member (DUES PAID)	<input type="checkbox"/> \$495	<input type="checkbox"/> \$545	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	included	included	included
<input type="checkbox"/> Administrator non-AUPO Member (DUES NOT PAID)	<input type="checkbox"/> \$695	<input type="checkbox"/> \$745	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	included	included	included
<input type="checkbox"/> Coordinator	<input type="checkbox"/> \$425	<input type="checkbox"/> \$475	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	included	n/a	n/a
<input type="checkbox"/> Spouse/Personal Guest of:  <small>REGISTERED ATTENDEE'S FIRST AND LAST NAME</small>  <small>GUEST'S FIRST AND LAST NAME</small>	n/a	n/a	n/a	n/a	<input type="checkbox"/> \$150* <small>*ALSO INCLUDES WELCOME RECEPTION AND DAILY CONTINENTAL BREAKFAST</small>	<input type="checkbox"/> \$100* <small>*PERSONAL GUESTS OF ADMINISTRATORS ONLY</small>	<input type="checkbox"/> \$125* <small>*PERSONAL GUESTS OF ADMINISTRATORS ONLY</small>
Subtotals:	\$	\$	\$	\$	\$	\$	\$

## 3 TOTAL AND METHOD OF PAYMENT

**Total of 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  
 Dept. #34069  
 PO Box 3900  
 San Francisco, CA 94139

**CANCELLATION POLICY:** Requests for refunds must be IN WRITING and received at the AUPO office by DECEMBER 16, 2017. 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.