



2016 ANNUAL MEETING

REGISTRATION FORM

Sea Pines Resort, Hilton Head Island ~ July 22-24, 2016

MEETING REGISTRATION

GSO MEMBER

or out-of-state AAO Member

- BY JUNE 24th: \$395
- AFTER JUNE 24th: \$450

NON-MEMBER

- BY JUNE 24th: \$595
- AFTER JUNE 24th: \$650

RESIDENT/FELLOW

deposit will be refunded after meeting attendance is verified

- \$75 deposit

SATURDAY GROUP DINNER

ADULT

- \$65/person

of adults attending: _____

CHILD

- \$15/child aged 8-15

of children attending: _____

Name: _____ Degree: _____
please print your name as you would like it to appear on your name badge

Home Office Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____ Fax: _____

TOTAL DUE:

\$ _____

CHECK (enclosed) CREDIT CARD:   

Card Number: _____

Signature: _____ Exp. ____/____ CVV: _____

Email Receipt to: _____

RETURN BY MAIL: GSO Executive Office, 2711 Irvin Way, Suite 111, Decatur, GA 30030 | **RETURN BY FAX:** (404) 299-7029

Questions? Call (404) 299-6588 or email anita@ga-eyemds.org.

Cancellation/Refund

Refund requests will be honored through July 8, 2016 less a \$15 administrative fee. After July 8, cancellations will receive a 50% refund. No-shows will not receive a refund. All cancellations or changes need to be made in writing via email.