

GROUP REGISTRATION FORM



January 19-25, 2019

Hilton Waikoloa Village | Hawaii's Big Island

Physician Contact Information: **Comprehensive Program** **Retina Program**

First Name _____ Last Name _____ Suffix _____ Degree _____

Address _____

City _____ State _____ Postal Code _____ Country _____ Phone _____

Email (for confirmation, hotel and CME evaluation purposes) _____ Year of Medical School Graduation _____

Profession:

- Physician Resident
- Physician Assistant Other: _____

Primary Specialty:

- Ophthalmology
- Other: _____

Subspecialty/Area of Interest:

- | | | |
|--|--|---|
| <input type="checkbox"/> Cataract surgery | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Pediatrics/Strabismus |
| <input type="checkbox"/> Contact lenses | <input type="checkbox"/> Neurosciences | <input type="checkbox"/> Refractive surgery |
| <input type="checkbox"/> Cornea/External disease | <input type="checkbox"/> Oculoplastics | <input type="checkbox"/> Retina/Vitreous sciences |
| <input type="checkbox"/> General ophthalmology | <input type="checkbox"/> Optics | <input type="checkbox"/> Other: _____ |

You must provide a name for each nurse/administrator attendee:

Name	Email	Program (circle one)
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator

REGISTRATION	PAYMENT
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Groups of 3+ save \$450 per nurse or administrator!
One physician must register with the group.

_____ **Total Number of Physicians**

- US \$1,300 = 4.16% Hawaii Excise Tax = **\$1,354.08** (deadline 1/19/18)
- US \$1,500 = 4.16% Hawaii Excise Tax = **\$1,562.40** (deadline 6/30/18)
- US \$1,600 = 4.16% Hawaii Excise Tax = **\$1,666.56** (deadline 9/30/18)
- US \$1,700 = 4.16% Hawaii Excise Tax = **\$1,770.72** (after 9/30/18)

_____ **Total Number of Nurses or Administrators**

- US \$600 = 4.16% Hawaii Excise Tax = **\$624.96**

TOTAL \$ _____

Fax this form to:
856-251-0278

Email this form to:
registration@contactAMS.com

Please call us with payment information:
AMS Meeting Registration
1-877-301-5225 x219/x476 (Monday-Friday, 9-5 ET)

Once this form is received, we will call you for your payment.

Meeting Cancellation: Requests for refunds must be submitted in writing to registration@contactAMS.com prior to January 3, 2019 and a \$200 fee will apply per Physician and \$100 per Nurse or Administrator. After this date, no refund will be possible.

Hotel Reservations: The meeting cannot guarantee room availability or room type. Please make sure each attendees' email is filled out and legible on this form.

ADA Compliance: We will make all reasonable efforts to accommodate persons with disabilities if your request is made at least 30 days in advance by calling 856-848-1712 ext. 219 or ext. 476. **Federal ID #:** 27-4318741