GROUP REGISTRATION FORM

January 19-25, 2019
Hilton Waikoloa Village | Hawaii’s Big Island

*Required fields. You may need to complete the other fields if there is a change from this year’s information on file.

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

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

Name  Email  Program (circle one)
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

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

Payment Information

TOTAL $________

Paid by:  ☐ Check  ☐ Visa  ☐ MasterCard  ☐ American Express

Signature

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.

CONTACT US  |  HawaiianEyeMeeting.com  |  1-877-307-5225, ext. 219 or 476  |  registration@contactAMS.com

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