American Glaucoma Society Annual Meeting
On-Site Registration Form
February 27-March 1, 2020
Gaylord National Resort & Convention Center, Washington, DC.

*Please complete one form per registrant and return to the registration desk. Have your credit card, check or cash ready (exact amount – no change given).*

Name ___________________________ ___________________________ ______

Last First Middle Initial Credentials

Address

City __________________________ State ______ Zip ______ Country ______

Phone __________________________ FAX __________________________

E-Mail __________________________

Please Check One Box:

☐ AGS Member
  ☐ Non-Member Individual**
  ☐ AGS Member and Active Military Personnel
  ☐ Current Glaucoma Fellow**
  ☐ Current Resident/Med Student**

□ Spouse and/or Personal Guest Registration – includes daily continental breakfast, use of the spouse/guest hospitality suite, special guest lecture, Welcome Reception, 2020 Reception. Morning Yoga and Fun Run/Walk are $10.00 each.

On-Site Registration $535

Payment must be made in U.S. funds $

☐ Welcome Reception - Thursday, February 27, 7:00 PM – 8:30 PM* @ No Fee

☐ Morning Yoga - Friday, February 28, 6:00 AM - 6:50 AM* Registration is $10.00 per person @ $10.00

☐ Gala Reception - Friday, February 28, 7:00 PM – 9:30 PM* @ No Fee

☐ Fun Run/Walk – Saturday, February 29, 6:00 AM – 6:50 AM* Registration is $10.00 per person @ $10.00

*The above social events are included in the paid Registration Fees. Please indicate in the Guest area above if guests will be attending the Yoga or Fun Run/Walk.

GRAND TOTAL US Funds $

PLEASE CONTINUE ON OTHER SIDE-
SUNDAY, MARCH 17, 2019

Workshops (AGS Members Only) – Sunday, March 1, 8:00 AM – 11:00 AM (choose one):

☐ Super Bowl of Grand Rounds
☐ Coding Workshop

No Fee

Breakfast Roundtable Discussions - Sunday, March 1, 7:00 AM – 8:00 AM

BREAKFAST ROUNDTABLE DISCUSSIONS ARE FULL

METHOD OF PAYMENT: No registration will be processed without correct payment

☐ Check  Payable to: American Glaucoma Society

☐ Cash (exact amount only, no change given)

☐ Credit Card (please present this form and your credit card to the Registration Staff)

☐ VISA or MasterCard

Credit Card Number: ________________________________
Exp. Date: ________________________________

3 Digit Code on Back of Card: ________________________________

Name as it appears on Card: ________________________________

Billing Address: ____________________________________________

♦ Annual Meeting Registration Fees Include: printed materials, daily continental breakfast and all educational and social events.
♦ For post-meeting information or any questions about registration, contact the AGS Administrative Office, (415) 561-8587 or ags@aao.org

American Glaucoma Society
655 Beach Street
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