



ACES SEE 2011 REGISTRATION Please print clearly

Name _____ Degree _____

Affiliation/Practice Name _____

Address _____

City/State/Zip/Country _____

Phone _____ Fax _____

E-mail _____

NAME BADGE INFORMATION

Please list guests in your party, including yourself! Please print names clearly as they will appear on name badges.

My Name _____

My Guest† _____

Additional Guests _____ *Note: Separate additional guests with a comma.*

† Guest fee applicable to all guests 12 years and older.



WAYS TO REGISTER

WEB

Register online at www.aces-abes.org/CaribbeanEye

MAIL

Mail your completed registration form, along with credit card information or check payable to:

ACES/SEE Island 2011 Conference
 Attn: Lois DiDomenico
 11 Campus Blvd., Suite 100
 Newtown Square, PA 19073

FAX

Fax this registration form with credit card information to 610.492.1039

Q'S?

Call Lois DiDomenico at 866.658.1772

	FEE By Dec 15	FEE After Dec 15	Amount
A. Ophthalmologists			
• ACES or SEE Members	\$850	\$950	\$ _____
• Non Members	\$895	\$995	\$ _____
B. Optometrists	\$650	\$750	\$ _____
C. Administrator	\$350	\$395	\$ _____
D. Allied Health	\$350	\$395	\$ _____
E. Guest Registration 12 yrs. & older	\$150	\$195	\$ _____
G. Optional Activities			
Catamaran Sail & Snorkel (Saturday, 2/12/11)		\$145	\$ _____
Golf @ Mahogany Run (Saturday, 2/12/11)		\$240	\$ _____
Total Enclosed			\$ _____

REGISTER BY DECEMBER 15 AND SAVE UP TO \$100!

Registration includes daily continental breakfast, meetings, breaks, welcome reception, Ophthalmology with a Punch sessions, luncheons, cocktail reception and one Island Dinner ticket.

Guest registration fee includes welcome reception, cocktail reception and one Island Dinner ticket.

MARRIOTT FRENCHMAN'S REEF BEACH RESORT

Room Rates - \$299/night Standard, \$329/night Water View

Book Now – Discounted Room Rates Limited!

Must mention "ACES SEE" for discounted rate!

For reservations, call 800.266.9432

Discounted room rates available pre- and post-conference based on hotel availability.



PAYMENT INFORMATION

- My registration fee is enclosed (Check payable to ACES/SEE Island 2011 Conference).
- Please bill my: Visa MasterCard American Express

Account Number _____ Exp. date _____

Name as it appears on card _____

Signature _____

REFUND POLICY: Cancellations must be received on or before January 15, 2011 for a full refund; 50% refund for cancellations received between January 16 and February 1, 2011. No refund for "no shows" or for those canceling after February 1, 2011.