

Registration (Please print clearly)

Name _____ Degree _____

Affiliation/Practice Name _____

Address _____

City/State/Zip/Country _____

Phone _____ Fax _____

E-mail _____

**4 ways
to
register**

MAIL Mail your completed registration form, along with credit card information or check payable to:
**ACES/SEE Island 2009 Conference,
11 Campus Blvd., Suite 100,
Newtown Square, PA 19073**

FAX Fax this registration form, with credit card information to 610.492.1039

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

QUESTIONS? Call Lois DiDomenico at 866.658.1772

Register by December 1 and SAVE up to \$100!

Registration includes daily cont'l breakfast, meetings, coffee breaks, Ophthalmology with a Punch sessions, Welcome Reception, Luncheon, Motivational Speaker, Cocktail Reception, and one Island Dinner ticket. Guest registration fee includes Welcome Reception, Cocktail Reception and one Island Dinner ticket.
Please mention "ACES/SEE Island 2009" for group rate. Discounted room rates limited! Discounted room rates available pre- and post-conference based on hotel availability.

Name Badge Information

Please list those traveling 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.

Ritz-Carlton Golf & Spa Resort, Rose Hall, Jamaica

Room Rates - \$339/night Resort View, \$379/night Ocean View
Discounted Room Rates Limited!

Must mention "ACES SEE Meeting" for discounted rate!
For reservations call 876.953.2800 or 800.241.3333

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

	FEE By Dec 1	FEE After Dec 1	Amount
A. Ophthalmologists			
• ACES or SEE Members	\$850	\$950	\$ _____
• Non Members	\$895	\$995	\$ _____
B. Optometrists	\$650	\$750	\$ _____
C. Administrator/Allied Health	\$350	\$395	\$ _____
D. Corporate Rep	\$300	\$350	\$ _____
E. Guest Registration			
12 yrs. & older	\$150	\$195	\$ _____
F. Optional Activities			
Catamaran Sail & Snorkel (Saturday, 2/7/09)		\$145	\$ _____
Golf @ White Witch (Monday, 2/9/09)		\$240	\$ _____
Total Enclosed			\$ _____

Payment Information

- My registration fee is enclosed *(Check payable to ACES SEE Joint Seminar).*
 Please bill my: Visa MasterCard American Express

Account Number _____ Exp. date _____

Name as it appears on card _____

Signature _____

www.aces-abes.org/CaribbeanEye

REFUND POLICY:

Cancellations must be received on or before January 15, 2009 for a full refund; 50% refund for cancellations received between January 16 and February 1, 2009. No refund for "no shows" or for those canceling after February 1, 2009.