

ACES/SEE ISLAND 2010 REGISTRATION

Please print clearly

Name _____ Degree _____

Affiliation/Practice Name _____

Address _____

City/State/Zip/Country _____

Phone _____ Fax _____

E-mail _____



Ritz-Carlton, San Juan

Room Rates - \$345/night Cityview, \$395/night Poolview
 Must mention "ACES SEE Meeting" for discounted rate!
 Discounted room rates are limited!
 For reservations, call 787.253.1700 or 800.241.3333



Airport Code is SJU for San Juan International Airport

	FEE By Jan 1	FEE After Jan 1	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, 2/13/10)		\$145	\$ _____
Golf @ Bahia Beach (Monday, 2/15/10)		\$240	\$ _____
Total Enclosed			\$ _____

Register Now!

For complete schedule, faculty, administrative session and information on the meeting and social activities...

www.aces-abes.org/CaribbeanEye

► Concurrent Administrative sessions offered!

4 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 2010 Conference
 11 Campus Blvd., Suite 100
 Newtown Square, PA 19073
- FAX** Fax this registration form with credit card information to 610.492.1039
- QUESTIONS?** Call Lois DiDomenico at 866.658.1772

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.*

PAYMENT INFORMATION

- My registration fee is enclosed (*Check payable to ACES/SEE Island 2010 Conference*).
- Please bill my: Visa MasterCard American Express

Account Number _____ Exp. date _____

Name as it appears on card _____

Signature _____

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

REFUND POLICY: Cancellations must be received on or before January 15, 2010 for a full refund; 50% refund for cancellations received between January 16 and February 1, 2010. No refund for "no shows" or for those canceling after February 1, 2010.