

SEE Island/QS XX Seminar Registration Form



**Register by
October 15 and
SAVE up to
\$75!**

Please print

Name _____ Degree _____

Affiliation _____

Address _____

City/State/Zip _____

Country _____

Phone _____ Fax _____

E-mail _____

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

ACES/SEE Joint Seminar
334 East Lake Road, #135
Palm Harbor, FL 34685 USA

Fax – Fax this registration form, with credit card information to 727-786-6622

Web – Register online at www.aces-abes.org after July 1.

Refund Policy: Cancellations must be received on or before December 31, 2005 for a full refund; 50% refund for cancellations received between January 1 and January 20, 2006. No refund for "no shows" or for those canceling after January 20, 2006.

Questions? Call ACES at 727-480-8542.

Registration includes daily continental breakfast, meetings, coffee breaks, Ophthalmology with a Punch sessions, Welcome Reception, luncheon, Cocktail Reception, and one Gala Dinner ticket. **Guest registration** fee includes Welcome Reception, continental breakfasts, luncheon, Cocktail Reception and one Gala Dinner ticket.

	FEE By Oct 15	FEE After Oct 15	Amount
A. Ophthalmologists			
• ACES or SEE Members	\$800	\$875	\$ _____
• Non Members	\$850	\$925	\$ _____
B. Optometrists			
• SEE Members	\$495	\$545	\$ _____
• Non Members	\$545	\$595	\$ _____
C. Allied Health	\$350	\$395	\$ _____
D. Corporate Rep	\$300	\$350	\$ _____
E. Guest Registration	\$125	\$125	\$ _____
F. Other Opportunities			
Breakfast with the Experts		\$50	\$ _____
Sunday, 2/19/06		\$50	\$ _____
Expert 1 TBA			
Expert 2 TBA			
Monday, 2/20/06		\$50	\$ _____
Expert 1 TBA		\$50	\$ _____
Expert 2 TBA			
G. Optional Activities			
Villa Sunset Dinner (Saturday, 2/18)		\$200	\$ _____
Golf at Mahogany Run (Sunday, 2/19)		\$210	\$ _____
Catamaran Sail & Snorkel (Monday, 2/20)		\$105	\$ _____
Total Enclosed			\$ _____

Request for Housing at Marriott's Frenchman's Reef

Date in _____ Date out _____ # People _____

One king ____ Two doubles ____ Non-smoking ____

Run of House (\$257) ____ Water view (\$312) ____

Payment

Check (made payable to ACES/SEE Joint Seminar)

Credit Card

Visa MasterCard AmEx Discover

Credit Card Number _____

Expiration Date _____

Name on card (print) _____

Signature: _____