

ACES SEE/ISLAND 2008 REGISTRATION

Please print clearly

Name _____ Degree _____

Affiliation/Practice Name _____

Address _____

City/State/Zip/Country _____

Phone _____ Fax _____

E-mail _____



Ritz-Carlton San Juan
 Room Rates - \$329/night Cityview, \$379/night Poolview
 Must mention "ACES SEE Meeting" for discounted rate!
 For reservations call 787.253.1700 or 800.241.3333



| | FEE By Nov 1 | FEE After Nov 1 | Amount |
|--|-----------------|--------------------|----------|
| A. Ophthalmologists | | | |
| • ACES or SEE Members | \$850 | \$950 | \$ _____ |
| • Non Members | \$895 | \$995 | \$ _____ |
| B. Optometrists | | | |
| • Optometrists | \$650 | \$750 | \$ _____ |
| C. Administrator | \$350 | \$395 | \$ _____ |
| D. Allied Health | \$350 | \$395 | \$ _____ |
| E. Corporate Rep | \$300 | \$350 | \$ _____ |
| F. Guest Registration | | | |
| 12 yrs. & older | \$150 | \$195 | \$ _____ |
| G. Other Opportunities | | | |
| Breakfast with the Experts | | | |
| Sunday, 2/10/08 | | \$50 | \$ _____ |
| Expert TBA | | | |
| Monday, 2/11/08 | | \$50 | \$ _____ |
| Expert TBA | | | |
| H. Optional Activities | | | |
| Catamaran Sail & Snorkel (Saturday, 2/9/08) | | \$140 | \$ _____ |
| Golf @ Ocean Club (Monday, 2/11/08) | | \$240 | \$ _____ |
| Total Enclosed | | | \$ _____ |

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

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

www.aces-abes.org/seeisland

► Concurrent Administrative sessions offered!

4 WAYS TO REGISTER

MAIL Mail your completed registration form, along with credit card information or check payable to:
ACES/SEE Island 2008 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/seeisland
QUESTIONS? Call Lois DiDomenico at 866.658.1772

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.

PAYMENT INFORMATION

My registration fee is enclosed (*Check payable to ACES/SEE Island 2008 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, 2008 for a full refund; 50% refund for cancellations received between January 16 and February 1, 2008. No refund for "no shows" or for those canceling after February 1, 2008.