

The Association for Research in Vision and Ophthalmology • 1801 Rockville Pike, Suite 400 • Rockville, MD 20852-5622 • Tel +1.240.221.2900 • Fax +1.240.221.0370 • ARVO.org

Early registration deadline: March 22, 2019

Register online: ARVO.org/imaging

- Registration fees are not included in your membership dues.
- Each meeting participant is required to register.
- An email confirmation and ExpressPass will be emailed to you upon registration. Bring your ExpressPass to the meeting to retrieve your badge.
- Note: Registering for the ARVO Imaging Conference does not include the ARVO Annual Meeting Registration. Separate registration is required for the Annual Meeting.

A. Personal Information (please print)

☐ I am a first-time ARVO Imaging Conference attendee

Member ID


☐ I am a physician licensed to practice in the U.S. and my National Provider Identifier (NPI) number is:

First Name	Middle Initial	Last Name	Degree(s)
Department		Organization/Institution	
Street Address	City	State/Province	Postal Code Country
Email Address (required)			
Phone Number	Fax	Mobile	

B. Emergency Contact (please print)

Emergency contact name Phone number

Food allergies and dietary restrictions

 Please indicate accessibility requirements

C. Registration

By March 22

After March 22

<input type="checkbox"/> ARVO Member	\$179	\$ _____	\$219	\$ _____
<input type="checkbox"/> ARVO Member-in-Training	\$109	\$ _____	\$149	\$ _____
<input type="checkbox"/> Nonmember	\$229	\$ _____	\$269	\$ _____

D. Payment Options

Donate to the ARVO Foundation? \$ _____

(Donations are tax deductible to the fullest extent of U.S. law. Tax ID: 52-2322462).

☐ Check enclosed (payable to ARVO in U.S. Dollars drawn on a U.S. bank)

☐ Visa ☐ MasterCard ☐ American Express

Total Amount Due \$ _____

Credit Card Number

Expiration Date (mm/yy)

Security Code (3 or 4 digits on card)

Cardholder Name _____ Billing Address _____

Billing Postal Code _____ Signature _____

By authorizing payment, registrant agrees to abide by ARVO policies. See ARVO.org/About/Policies/

Payment information

- Payment must accompany this form. A purchase order will not be accepted.
- ARVO's Federal I.D. Number is 34-0812556
- Registration refunds: An email request must be received by 5pm US Eastern Time, Friday, April 19, 2019; an administrative fee of \$40 (\$20 student) will be retained.
- Allow three business days for processing.
- An email confirmation with an ExpressPass will be sent to you in advance.
- To avoid duplicate registrations, do not mail the original registration form if you fax the form or register online.

Questions? Please contact Regina Borkoski at +1.240.221.2953, or rborkoski@arvo.org.

Fax registration to +1.240.221.0370, or email to arvo@arvo.org