

ISER/BrightFocus Glaucoma Symposium

October 6–9, 2021 · Emory Conference Center · Atlanta, Georgia, USA

1 ATTENDEE

Name: _____ Credentials _____

Institution Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

2 REGISTRATION FEES (USD)

ISER/BrightFocus Glaucoma Symposium

Thursday, October 7 – Saturday, October 9

Emory Conference Center is an all-inclusive venue. Registration fee includes entrance to all sessions and events, housing and dinner for the nights of Oct 6, 7, and 8, breakfast, lunch, breaks on Oct 7-8, and breakfast on Oct 9.

Registration and Housing Package

	Early (May 19-Aug 2)	Regular (Aug 3-Sept 13)
ISER Member	<input type="checkbox"/> \$1,125	<input type="checkbox"/> \$1,225
Non-Member	<input type="checkbox"/> \$1,275	<input type="checkbox"/> \$1,375
Young Investigator*	<input type="checkbox"/> \$1,050	<input type="checkbox"/> \$1,150

Local Registration

The local registration fee is only available to attendees that live in the Atlanta metropolitan area. Your address above will be verified before your registration is processed. Your registration fee includes entrance to all symposium sessions and events, breaks and lunch (breakfast, dinner and housing not included).

	Early (May 19-Aug 2)	Regular (Aug 3-Sept 13)
ISER Member	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650
Non-Member	<input type="checkbox"/> \$750	<input type="checkbox"/> \$800
Young Investigator*	<input type="checkbox"/> \$525	<input type="checkbox"/> \$575

*Young Investigators shall be predoctoral or postdoctoral (PhD/MD/OD/DVM/DO)/equivalent students, clinical residents, or clinical fellows engaged in vision/eye research for no longer than 10 years since their terminal degree.

BrightFocus Glaucoma Fast Track Workshop

Wednesday, October 6

Geared toward students, post docs, and early-career investigator/faculty but open to all. Full Fast Track registration incl. all Fast Track sessions, housing and dinner on Oct 5; breakfast, breaks, and lunch on Oct 6. Local Fast Track registration incl. all Fast Track sessions, lunch, and breaks on Oct 6.

Full Rate	<input type="checkbox"/> \$350
Local Rate	<input type="checkbox"/> \$175

3 HOUSING INFORMATION (REQUIRED)

Your meeting registration fee covers the nights of Oct 5 (Fast Track only), 6, 7, and 8. All other evenings are the responsibility of the attendee.

Arrival (MM/DD) _____ Departure (MM/DD) _____

Preferred Room Type* King Two doubles/queens

*not guaranteed

4 METHOD OF PAYMENT

TOTAL AMOUNT (USD) \$ _____

Registration will only be valid upon receipt of full payment. An email confirming registration will be sent upon receipt.

OPTION 1 – Credit Card

 Visa MasterCard American Express

Card #: _____ Exp (MM/YY): _____

Cardholder Name: _____

Cardholder Billing Address, City, State, Zip (if different from above): _____

Signature: _____

OPTION 2 – Check/Money Order

Mail this form with payment in US dollars to: International Society for Eye Research, PO Box 394089, San Francisco, CA 94139-4089, USA

Registration Cancellation Policy: Cancellations must be submitted in writing by fax 415-561-8531 or email to mail@iser.org.

- Requests received on or before Sept 10: \$150 cancellation fee
- Requests received on or after Sept 11: no refunds

5 DEMOGRAPHIC INFORMATION (OPTIONAL)

ISER has received an R13 grant from the National Institute of Health (NIH). As part of their post-meeting reporting requirements, the planners would like a sample of attendee demographics. These questions are NOT required. If you prefer to not answer, you may leave this section blank.

Gender Male Female OtherEthnicity American Indian/Alaskan Native White/Caucasian Black/African American Asian Native Hawaiian/Other Pacific Islander Hispanic/Latino

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