

ISER/BrightFocus Glaucoma Symposium

October 5–8, 2017 · 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 5, 4:00 PM – Sunday, October 8, 1:00 PM

The Emory Conference Center is an all-inclusive venue. Your registration fee includes entrance to all symposium sessions and events, housing for the nights of Oct 5, 6 and 7, breakfast, lunch, breaks and dinner.

Registration and Housing Package

	Early (Jun 8–Aug 11)	Regular (Aug 12–Sept 13)
ISER Member	<input type="checkbox"/> \$855	<input type="checkbox"/> \$975
Non-Member	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1,125
Young Investigator*	<input type="checkbox"/> \$750	<input type="checkbox"/> \$875

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 (Jun 8–Aug 11)	Regular (Aug 12–Sept 13)
ISER Member	<input type="checkbox"/> \$450	<input type="checkbox"/> \$600
Non-Member	<input type="checkbox"/> \$550	<input type="checkbox"/> \$700
Young Investigator*	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350

*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 7 years since their terminal degree.

BrightFocus Glaucoma Fast Track Workshop

Thursday, October 5, 7:00 AM – 4:00 PM

For student, post docs and junior faculty within 10 years of terminal degree. Fast Track registration includes all Fast Track sessions, breakfast, breaks and lunch. Housing and dinner on Oct 4 are the responsibility of the attendee.

All Attendees \$150

3 HOUSING INFORMATION (REQUIRED)

Your meeting registration fee covers the nights of Oct 5, 6 and 7. 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, Department 34089, PO Box 39000, San Francisco, CA 94139, USA

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

- Request received on or before Sept 12: \$100 cancellation fee
- Request received Sept 13–28: \$200 cancellation fee
- Request received Sept 29–Oct 4: \$350 cancellation fee
- Request received on or after Oct 5: 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 Other
 Ethnicity American Indian/Alaskan Native Asian
 Black/African American Hispanic/Latino
 Native Hawaiian/Other Pacific Islander
 White/Caucasian

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