



REGISTRATION FORM

June 7-9, 2019

The Stonewall Resort, Roanoke, WV

1. Personal Information (please print)

Complete this registration form (one per person) and return by mail with payment due or online at www.wvaeeps.org

Name: _____

Practice Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Spouse/Guest Name (if attending): _____

Emergency Contact: (Name) _____ (Phone) _____

Dietary Restrictions: _____ Special Needs: _____

2. Registration Fees (2019 DUES MUST BE CURRENT TO QUALIFY FOR DISCOUNT RATE)

- _____ Member Physician - dues current..... \$450
- _____ Non-member Physician or Members with non-current dues..... \$550
- _____ Resident/Fellow/ Medical Student \$250
- _____ Ophthalmic Technician or Administrator \$250

3. Optional Activities (preregistration required) (Please indicate number attending)

- _____ Friday Night Welcome Reception @ n/c
- _____ Saturday Night Little Sorrel Boat Ride @ n/c
- _____ Saturday Night Dinner @ n/c

4. Payment (No refunds after April 15) Or Register Online @ www.wvaeeps.org

Enclosed is check # _____ for \$ _____ payable to WVAEPS or _____ Credit Card

Name as it appears on Credit Card _____

Acct# _____ Security Code _____ Exp. Date ____/____

Billing Address _____

City/State/Zip _____

Please mail payments to: WVAEPS, PO Box 4569, Morgantown, WV 26504