

REGISTRATION FORM

RD2010 – XIVth International Symposium on Retinal Degeneration

July 13 – 17, 2010

Mont-Tremblant, Quebec, Canada

Your Name: _____

Institution: _____

Mailing Address: _____

Telephone: _____ FAX: _____ E-Mail: _____

Name(s) of accompanying person (non-scientist): _____ E-Mail: _____

Roommate (scientist): _____ Confirmed this with roommate: YES NO

Women, Underrepresented Minorities or Disabled (*optional self-identification of gender and minority status – information used for NIH reporting purposes only*): Female: _____ Minority: _____ Disabled: _____

REGISTRATION DEADLINE: April 1, 2010

After completing and sending this registration form, submit an [ONLINE ABSTRACT](#).

REGISTRATION FEE (indicate the amount you will pay)			
CLASSIFICATION	AMOUNT		YOUR COST
	By April 1, 2010	After April 1, 2010	
Scientist	\$425 US	\$475 US	\$
Accompanying Person (18+)*	\$200 US	\$250 US	\$
SUB-TOTAL			\$
Credit card surcharge (5%)			\$
TOTAL FEES PAID			\$

Registration includes RT transportation between Montreal airport and meeting site (return can be to ICER meeting) (or parking at meeting if driving), Gala expenses for all, other meeting expenses, and a copy of the Proceedings volume for scientists.

*Accompanying persons above the age of 18 must pay registration fee.

PAYMENT BY CHECK

Checks must be payable in US dollars drawn on a US bank. **Make check payable to: DMEI-Retinal Degeneration Symposium**, and mail your check along with this completed form to: Dr. Robert E. Anderson, Dean McGee Eye Institute, 608 Stanton L. Young Blvd., Oklahoma City, OK 73104

PAYMENT BY CREDIT CARD

If paying by CREDIT CARD, fill in all information below, sign the form and FAX to: Dr. Robert E. Anderson, (405) 271-8128. This is a secure, private FAX in the Anderson Office.

CREDIT CARD INFORMATION: (Please PRINT CLEARLY or TYPE)

Card type (check one): VISA MASTERCARD AMERICAN EXPRESS

Amount to be charged (in US dollars): \$ _____

Exact Name on Card: _____

Card Number: _____ Card Expiration Date: _____

SIGNATURE _____ Date _____