



**June 25 - 27, 2010**  
**The Ritz-Carlton Orlando, Grande Lakes, Orlando, FL**

Full Name \_\_\_\_\_ MD, DO, other \_\_\_\_\_ First name to appear on badge \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**1 SCIENTIFIC SESSIONS REGISTRATION**  
*Includes course syllabus and one admission badge for food functions.*

<input type="checkbox"/> Registrant Rate	\$500	\$ _____
<input type="checkbox"/> FSO Member Discount Rate	\$350	\$ _____
<input type="checkbox"/> Registered Nurse Rate	\$350	\$ _____
<input type="checkbox"/> Residents	\$0	\$ 0
<input type="checkbox"/> I will attend the Reception on Saturday	\$0	\$ 0

**The Reception on Saturday is included in your registration fee. However you MUST pre-register to attend this event.**

**2 CODEQUEST REGISTRATION**  
*You can also register with CODEquest directly.*

<input type="checkbox"/> AAO CODEquest • June 25, 2010	\$255	\$ _____
<b>Total</b>		\$ _____

**3 SUBSPECIALTY SYMPOSIUM**  
*Please select the symposium you would like to attend. There is no fee.*

- Glaucoma
- Oculoplastics
- Refractive Surgery
- Retina-Vitreous

**GUEST REGISTRATION**

<b>4</b> Guest tickets to Friday/Saturday Reception	\$50 x _____	\$ _____
Cirque du Soleil	\$50 x _____	\$ _____
Children's Pass	\$50 x _____	\$ _____

*(Includes Friday Reception and Saturday Children's Party)*

**Total Fees** \$ \_\_\_\_\_

**5 SPECIAL ASSISTANCE**  
 I have special needs. Please explain below:

\_\_\_\_\_

\_\_\_\_\_

**GUEST NAME(S) TO APPEAR ON BADGE**  
 NOTE: Your badge is your pass to ticketed events. Only registered individuals will receive a badge.

\_\_\_\_\_

\_\_\_\_\_

**PAYMENT INFORMATION**

Checks and money orders must be made payable to FSO. If your institution is paying your registration fee, please ensure that the check is appropriately identified with your name.

Check  MasterCard  Visa  Amex

Credit card issued in name of: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**REGISTRATION DEADLINE**

Registration and payment must be received no later than June 11, 2010 in order to have a name badge and syllabus materials available. On-site registration will only be accepted on a space available basis.

**CANCELLATION POLICY**

Telephone cancellations cannot be accepted. A written notice of cancellation must be received no later than two weeks prior to the meeting for a refund. A \$25 administration fee will be deducted. No refunds will be made after June 11, 2010.

**HOTEL RESERVATIONS**

The Ritz-Carlton Orlando, Grande Lakes  
 4012 Central Florida Parkway  
 Orlando, FL 32837  
 Reservations: 1-800-576-5760  
 Please ask for the MASTERS room block to receive the rate of \$159/night. Special room rates guaranteed until May 28.

**THREE CONVENIENT WAYS TO REGISTER:**



**Fax:**  
 (904) 998-0855



**Mail:**  
 6816 Southpoint Pkwy., Suite 1000  
 Jacksonville, Florida 32216



**Website:**  
 www.ophmasters.com