



REGISTRATION FORM
COGAN OPHTHALMIC HISTORY SOCIETY
25TH ANNUAL MEETING
MARCH 29 – 31, 2012
WASHINGTON, DC/BETHESDA, MARYLAND

Name: First: _____ Last: _____

Address: _____ City: _____

State: _____ Zip/Mail Code: _____ Country: _____

PHONE: Work.Home _____ Fax: _____ Email: _____

CHECK ONE: Member _____ Non-Member* _____ Guest** _____ Spouse* _____ Resident/Fellow _____

NAME OF SPOUSE/ACCOMPANYING PERSON: _____

REGISTRATION FEES:

COGAN SOCIETY MEMBER/NON-MEMBER PARTICIPANT _____ \$400.00

Note: After March 15, 2012 **Late Fee** _____ \$450.00

This applies to all Cogan members, *without exception*, as well as all Non-Members* invited to participate in the meeting as a prelude to membership in the Society. *Included are Friday and Saturday scientific sessions, the Thursday evening welcome reception, breakfasts, lunches and coffee breaks on Friday and Saturday, and the Friday evening banquet.

****GUEST** _____ \$120

**The guest fee applies to any interested non-member professional wishing to attend the scientific sessions only. Fee covers the Friday and Saturday scientific sessions, coffee breaks and lunch.

FELLOW or RESIDENT _____ No Charge

Scientific sessions, coffee breaks, and lunch, must be registered.

***SPOUSE** _____ \$275 (Includes all events as stated above.)

See mailing information and other details.

Make checks payable to **FAES** (*Foundation for Advanced Education in the Sciences*).

Mail with form to: George Bohigian, MD, Re: Cogan Meeting, 12990 Manchester Rd., Suite 202, St. Louis MO 63131.

Non-members please contact Dr. Bohigian at bohigian@att.net

MEETING CANCELLATION/REFUND POLICY:

By March 1, 2012 – \$325 refund for registrant; full refund for spouse or companion

By March 15, 2012 – \$275 refund for registrant; full refund for spouse or companion

After March 22, 2012 – Guest count is final and no refunds can be given. There can be no exceptions, as the Society is responsible for payment of various fees incurred (audio-visual, catering, etc) based on the guest counts required by the above dates.

HOTEL REGISTRATION: Please make reservations directly with The Hyatt Regency Bethesda, One Bethesda Metro Center, Bethesda, MD 20814. Telephone: 301-657-1234, FAX: 301-657-6478.

The Cogan Meeting Group Rate is \$139 per night. A light breakfast will be provided for the registrants on Friday before leaving for the National Library of Medicine. You may purchase breakfast at the hotel on Saturday morning.

NOTE: Reserve by March 1st to guarantee the rate, Registration requests after that date will be based on availability at the Hotel's prevailing rates.

CANCELLATION POLICY FOR THE HYATT:

Guests may cancel a room reservation 24 hours prior to your arrival date without incurring a one-night charge.