



AAO 2018 Dinner RSVP

Saturday, October 27, 2018 — 6:00 - 9:00 p.m.

Return this form to the new CGGS office . . .

By mail: Richard Paul, clerk
Chandler-Grant Glaucoma Society
10 W. Phillip Rd., Suite 120
Vernon Hills, IL 60061-1730

By fax: 847-680-1682

By email: Rich@RichardPaulAssociates.com

Your name: _____

Daytime phone number: _____

Email: _____

Please indicate whether you will be attending the dinner, along with any guests.

Cost

I plan to attend the AAO dinner on October 27 (\$90) _____

Attending the reception only on October 27 (\$50) _____

___ Number of additional paying guests (\$90 each) \$ _____

Enter name(s) of your guests:

___ Number of current fellows attending (No charge) \$ 0.00

Enter name(s) of your current fellows attending:

Total amount enclosed (yourself and guests) \$ _____

Form of payment: Check (make payable to "Chandler-Grant Glaucoma Society")

Visa MasterCard Discover American Express

Card number: _____

Expiration date: _____ Security code: _____

Name on card: _____

Billing address: _____

City, state, zip: _____