



**EYE BANK  
ASSOCIATION  
of AMERICA**

**R. TOWNLEY PATON SOCIETY RENEWAL FORM**

**Renewal is for January 1, 2010 through December 31, 2010. This includes:**  
**Subscription to CORNEA Journal for 2010**  
**Discounted admission to the 2010 Joint EBAA/Cornea Society Fall Symposium**  
**Discounted registration to EBAA Annual Meeting**  
**Complimentary EBAA Medical Standards and updates—twice yearly**  
**Annual statistics on eye banking and corneal transplantation**  
**Legislative and Policy Information Updates**  
**Access to online membership directory and members section of EBAA’s website**

**IMPORTANT!!!**

Yes, I wish to receive the CORNEA journal as a membership benefit.  
 No, I do not wish to receive the CORNEA journal.

**Please note: This section must be completed.**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Eye Bank/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

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

**PAYMENT REQUIRED IN THE AMOUNT OF \$350 \_\_\_\_\_ \$400 International \_\_\_\_\_**

Check enclosed in U.S. CURRENCY

Charge My:  Visa  MasterCard  American Express  Discover

Accountant # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Visa V Code: \_\_\_\_\_

Cardholder’s Name Print: \_\_\_\_\_

Card holder’s Signature: \_\_\_\_\_

Cardholder’s Billing Address, Zip Code **(REQUIRED if different from shipping address)**

Return form with payment to: EBAA  
 1015 18<sup>th</sup> Street, NW, Suite 1010  
 Washington, DC 20036  
 Phone 202-775-4999/ Fax 202-429-6036