**2024 Membership Dues**

**Please provide your contact information:**

Name:

Address:

Phone:

Fax:

E-mail:

I am attending the Annual Meeting: YES \_\_\_\_ No \_\_\_\_

I am attending the Business Luncheon: YES \_\_\_\_ No \_\_\_\_

Payment(s): \_\_\_\_\_ Enclosed \_\_\_\_ $95 annual dues

 \_\_\_\_ $75 annual dues (trainee)

 \_\_\_\_\_ Online \_\_\_\_ $35 for luncheon

Enclosed is my contribution to the Group of $ \_\_\_\_\_\_\_\_

Please remove my name from the membership roster \_\_\_\_\_\_

Meeting registration and /or dues payment can also be done online:

<http://eyemicrobiology.upmc.com/OMIG.htm>

Please return your updated information and payment to:

 OMIG

 c/o UPMC Vision Institute

UPMC Mercy

5th Floor – Room 5.343

 1622 Locust Street

 Pittsburgh, PA 15219