The Resident Hub™

The Resident Hub Pricing:

Residents: **$200** per resident per year

Faculty and Staff: **$50** per person per year

The Resident Hub license is for 12 months. Access is available up to two months prior to start date and two months following end date to allow for set-up and administrative purposes.

Upon submission, allow 7-10 working days to receive a confirmation email with a quick-start guide and step-by-step tutorials to get you started.

To Order:

1. Enter number of residents _____ x $200 USD = _____
2. Enter number of faculty/staff _____ x $ 50 USD = _____
3. Enter total amount due USD $ _____
4. Choose a date for your subscription to begin: ___ / ___ / _____
5. Complete the following forms with the names and email addresses of the residents and faculty/staff (including Program Directors and Coordinators) for whom you are purchasing access to The Resident Hub.

Program Contact Information:

Program Name / Institution Name

Administrative Coordinator Name(s)

Administrative Coordinator Email Address(es)

Program Director Name(s)

Program Director Email Address(es)

Program Street Address

City / State or Province

Country / ZIP or Postal Code

Telephone Number (required)

Bill To:

Name as It Appears on Card

Cardholder's Billing Address

City / State or Province

Country / ZIP or Postal Code

Method of Payment:

☐ Visa ☐ MasterCard ☐ American Express
☐ Discover ☐ Proforma Invoice
☐ Check or Money Order, payable to AAO (in U.S. funds)

Mail the completed form with your payment to:
American Academy of Ophthalmology
Dept #34051
PO Box 39000
San Francisco, CA, 94139

Card Number

Expiration Date

Signature

To order or for more information, contact:

Member Services

Tel: 866.561.8558 (toll free within U.S.)
415.561.8581
Fax: 415.561.8575
E-Mail: thehub@aao.org
Online: www.aao.org/thehub

AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

Do not write in this space; for office use only

ID# Order# Amount $

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The Resident Hub™

Institution Name: _____

Program Director Name: _____

Subscription Start Date: _____

Total Number of Faculty Requiring Access: _____

Fill in the name and email address for each faculty or staff member, including program directors and coordinators, requiring access to The Resident Hub. Use multiple copies of this form if needed. Access for faculty and staff is $50/person. Questions? Contact Member Services, Tel: 866.561.8558 or +1 415.561.8581, Email: thehub@aao.org.

Faculty/Staff Name:	AAO Member? Y/N	Faculty/Staff Email Address:	Program Director/ Program Coordinator/ Faculty/Staff:
1.	☐Yes ☐No		☐PD ☐PC ☐F/S
2.	☐Yes ☐No		☐PD ☐PC ☐F/S
3.	☐Yes ☐No		☐PD ☐PC ☐F/S
4.	☐Yes ☐No		☐PD ☐PC ☐F/S
5.	☐Yes ☐No		☐PD ☐PC ☐F/S
6.	☐Yes ☐No		☐PD ☐PC ☐F/S
7.	☐Yes ☐No		☐PD ☐PC ☐F/S
8.	☐Yes ☐No		☐PD ☐PC ☐F/S
9.	☐Yes ☐No		☐PD ☐PC ☐F/S
10.	☐Yes ☐No		☐PD ☐PC ☐F/S
11.	☐Yes ☐No		☐PD ☐PC ☐F/S
12.	☐Yes ☐No		☐PD ☐PC ☐F/S
13.	☐Yes ☐No		☐PD ☐PC ☐F/S
14.	☐Yes ☐No		☐PD ☐PC ☐F/S
15.	☐Yes ☐No		☐PD ☐PC ☐F/S

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The Eye M.D. Association

The Resident Hub™

Institution Name: _____

Program Director Name: _____

Subscription Start Date: _____

Total Number of Residents to Subscribe: _____

Fill in the name and email address for each resident requiring a subscription to The Resident Hub. Use multiple copies of this form for additional residents. Questions? Contact Member Services, Tel: 866.561.8558 or +1 415.561.8581, or Email: thehub@aao.org.

Resident Name:	Resident Email Address:
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