

Kansas Optometric Association's
2017 Fall Eyecare Conference
DOCTOR'S REGISTRATION FORM

November 3-5, 2017 • DoubleTree by Hilton Wichita

Educational handouts will be available in a printed format or electronic format for those who request it. Please select one. Please print or type.

Name of Doctor(s)/Student	City	OE Tracker #	E-mail	Printed Handouts	Handouts emailed
1. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

DOCTORS EARLY REGISTRATIONS: \$250.00 Each ___ x \$250.00 each = _____
(Doctor registration is for Active, Associate, Life or out-of-state AOA members)
(Postmarked October 23, 2017 and before)

DOCTORS LATE REGISTRATIONS: \$275.00 Each..... ___ x \$275.00 each = _____
(Postmarked after October 23, 2017)

DOCTORS NON-AOA MEMBER REGISTRATION: \$475.00 Each ___ x \$475.00 each = _____
(Postmarked October 23, 2017 and before)

DOCTORS NON-AOA MEMBER LATE REGISTRATIONS: \$500.00 Each ... ___ x \$500.00 each = _____
(Postmarked after October 23, 2017)

NEW OD EARLY REGISTRATIONS: \$125.00 Each ___ x \$125.00 each = _____
For KOA Members who graduated and became licensed in 2017
(Postmarked October 23, 2017 and before)

NEW OD LATE REGISTRATIONS: \$150.00 Each..... ___ x \$150.00 each = _____
For KOA Members who graduated and became licensed in 2017
(Postmarked after October 23, 2017)

STUDENT/RESIDENT REGISTRATIONS: \$25.00 Each ___ x \$25.00 each = _____

TOTAL AMOUNT ENCLOSED _____

Make checks payable to:	KANSAS OPTOMETRIC ASSOCIATION
Registration Fee:	<i>This registration fee includes the cost of the faculty, Saturday luncheon, breaks and course materials.</i>
Dietary Restrictions:	<i>If you have special dietary needs, please contact the KOA office prior to October 23, 2017.</i>
Cancellation Policy:	<i>\$10.00 cancellation fee if cancelled on or before 5 p.m., October 29, 2017; Less \$10 fee and cost of guaranteed meals for cancellations October 29-31, 2017; no refund if cancelled after October 31, 2017.</i>

THERE WILL BE AN ADDITIONAL \$25 FEE FOR ON-SITE REGISTRATION.

Please return this form to: Kansas Optometric Association, 1266 SW Topeka Blvd., Topeka, KS 66612, FAX (785) 232-6151.

Please charge \$ _____ to my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Zip Code _____
Card Number _____	Expiration Date _____ CCV _____
Name (Please print) _____	Signature _____