*Kansas Optometric Association's*

# 2017 Third Party Seminar

## Registration Form

The KOA is offering the 2017 Third Party Seminar, featuring the KOA's Third Party Consultant, Elaine Schmidt, CPC. This special one-day conference is designed for billing staff and optometrists. Lunch will be provided.

**9:30 a.m. - 2:30 p.m.**
**Friday, December 8, 2017**
**Holiday Inn - Wichita**
*549 S. Rock Road, Wichita, KS 67207*

***Please complete the information below and return this form to the KOA office. Please provide a current email address so we can forward handouts and provide other important updates which will be available to attendees.***

Practice Name

Address City State Zip Phone

Full Name Name as it should appear on badge E-Mail

Full Name Name as it should appear on badge E-Mail

Full Name Name as it should appear on badge E-Mail

Name Name as it should appear on badge E-Mail

### Registration Fees

| | Number Attending | | Cost Per Person | |
|---|---|---|---|---|
| KOA Member Optometrists | | @ | $75.00 | |
| Staff Member of KOA Members | | @ | $75.00 | |
| Non-KOA Member Optometrists | | @ | $100.00 | |
| Staff of Non-KOA Members | | @ | $100.00 | |
| **GRAND TOTAL:** | | | | |

***Please return this form to:*** *Kansas Optometric Association, 1266 SW Topeka Blvd., Topeka, KS 66612, FAX (785) 232-6151. You can also email completed forms to info@kansasoptometric.org. If you have any special dietary needs or have any questions, please call Rachelle at (785) 232-0225.*

Please charge $ _____ to my: ❑ VISA ❑ MasterCard ❑ Discover ❑ American Express

Card Number _____ Expiration Date __/_____ Zip Code _____CCV_____

Name (Please print)_____ Signature _____