

REGISTRATION FORM

KANSAS OPTOMETRIC ASSOC.
FALL EYECARE CONFERENCE
NOVEMBER 9-11, 2018

D O C T O R R E G I S T R A T I O N F O R M

Please type or print and use one form for each registrant.

First Name _____ Middle Initial _____ Last Name _____

Name as it should appear on badge _____ OE Tracker # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

DOCTOR'S REGISTRATION - \$250.00 each (\$275.00 if postmarked after October 29, 2018).....
 (Doctor registration is for Active, Associate, Life or out-of-state AOA members)

DOCTORS NON-AOA MEMBER REGISTRATION - \$475.00 each (\$500.00 if postmarked after October 29, 2018).....

NEW OD REGISTRATION - \$125.00 each (\$150.00 if postmarked after October 29, 2018).....
 (For KOA Members who graduated and became licensed in 2018)

STUDENT/RESIDENT REGISTRATIONS - \$25.00 each (\$50.00 if postmarked after October 29, 2018).....

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

Registration Fee: Registration fee includes cost of the faculty, Saturday luncheon, breaks and course materials.
 Dietary Restrictions: If you have special dietary needs, please contact the KOA office prior to November 5, 2018.
 Cancellation Policy: \$10 cancellation fee if cancelled on or before 5 p.m., November 5, 2018; Less \$10 and cost of guaranteed meals for cancellations after 5 p.m., November 5, 2018; no refund if cancelled after November 6, 2018.

Check enclosed Please charge \$ _____ to my: VISA MasterCard American Express Discover

Card Number _____ CCV _____ Expiration Date _____ Zip Code _____

Name (Please print) _____ Signature _____

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