Kansas Optometric Association's

2018 Annual Convention and Seminar

DOCTOR REGISTRATION FORM

April 26-28, 2018 • Hyatt Regency Wichita

	Middle Initial	Last Nan	ne	Name a	Name as it should appear on badge			
Address		E-mail						
City	State	State Zip Telephone			OE Tracker Number			
Emergency Contact Name			Emergency Contact Telephone Number					
Indicate in	the blanks the total number	of tickets for each funct	ion. In the blanks to the	e right, record the t	otal c	ost for each funct	tion.	
DOCTOR'S FUNCT				Number		Cost Per	Tota	
	s (If postmarked after Apr		to your registration.	Attending		Person	Cos	
	or, add \$50 to your registi ers				<i>@</i>	\$285.00	¢	
	mbers				@ @	\$410.00	\$	
	Life Members				_	No Charge	\$	
	rs				@	\$510.00	\$ \$ \$	
(Please note	that the non-member registrat	ion does not include meal	functions, but tickets can	be purchased for ea	ch of i	the functions below		
hursday, April 26, 1	2 01 0							
	2010 gistration/cart rental/green	c faacllum chltum mulli	anchrines)					
	tion for Doctors and Sp				@	\$125.00	\$	
	ty Grand Opening (5:0)				_	No Charge	\$	
	ption with Cocktails and					No Charge	\$ \$	
-	•	12 0000110 (0.50 10.0	50 P		_	r to onarge	Ψ	
<u>Friday, April 27, 2018</u>		,						
	iffet (11:30 am - 1:00 pr					NI CI	ф	
	rive Member (included in				@	No Charge	\$	
	sate if you plan to attend. On-s eMember, Associate KO				@	\$25.00	¢	
	dent				@	\$25.00	\$ \$	
	quet/Awards/Entertainn		••••••••		C	Ψ23.00	Ψ	
	tive Member (included in				@	No Charge	\$	
Ticket for Life	e or Associate KOA Men	nber/Non-Member/S	Spouse/Guest		@	\$45.00	\$	
	dent				@	\$25.00	\$	
						Grand Total	\$	