

Kansas Optometric Association's
2018 Annual Convention and Seminar
DOCTOR REGISTRATION FORM

April 26-28, 2018 • Hyatt Regency Wichita

(Please type or print)

First Name	Middle Initial	Last Name	Name as it should appear on badge	
Address			E-mail	
City	State	Zip	Telephone	OE Tracker Number
Emergency Contact Name			Emergency Contact Telephone Number	

Indicate in the blanks the total number of tickets for each function. In the blanks to the right, record the total cost for each function.

DOCTOR'S FUNCTIONS

	Number Attending	Cost Per Person	Total Cost
Registration Fees <i>(If postmarked after April 18, 2018, add \$25 to your registration. If at the door, add \$50 to your registration.)</i>			
Active Members	_____	@ \$285.00	\$ _____
Associate Members.....	_____	@ \$410.00	\$ _____
Student and Life Members.....	_____	@ No Charge	\$ _____
Non-Members.....	_____	@ \$510.00	\$ _____

(Please note that the non-member registration does not include meal functions, but tickets can be purchased for each of the functions below.)

Thursday, April 26, 2018

<i>Golf (Includes registration/cart rental/greens fees/lunch/two mulligans/prizes)</i>			
Golf Registration for Doctors and Spouses.....	_____	@ \$125.00	\$ _____
Exhibit Hall Party Grand Opening (5:00-6:30 pm)	_____	@ No Charge	\$ _____
President's Reception with Cocktails and Desserts (8:30-10:00 pm)	_____	@ No Charge	\$ _____

Friday, April 27, 2018

<i>*Exhibit Hall Buffet (11:30 am - 1:00 pm)</i>			
Ticket for Active Member <i>(included in registration fee)</i>	_____	@ No Charge	\$ _____
<i>(Please indicate if you plan to attend. On-site registration will be \$25.)</i>			
Ticket for LifeMember, Associate KOA Member or Non-Member.....	_____	@ \$25.00	\$ _____
Ticket for Student	_____	@ \$25.00	\$ _____
<i>*Reception/Banquet/Awards/Entertainment</i>			
Ticket for Active Member <i>(included in registration fee)</i>	_____	@ No Charge	\$ _____
Ticket for Life or Associate KOA Member/Non-Member/Spouse/Guest.....	_____	@ \$45.00	\$ _____
Ticket for Student	_____	@ \$25.00	\$ _____

Grand Total \$ _____

**Please call the KOA office at 785-232-0225 if you have special dietary needs.*

New for 2018: Due to increasing costs and decreasing interest, the KOA Board has elected to discontinue proving printed handouts. Course materials will be emailed prior to the meeting or available through the KOA Guidebook App.

Please return this form to: Kansas Optometric Association, 1266 SW Topeka Blvd., Topeka, KS 66612, FAX (785) 232-6151. Cancellation Policy: Less \$10 fee if cancelled on or before April 22, 2018. Less \$10 fee and cost of guaranteed meals for cancellations April 23-25, 2018. No refunds after April 25, 2018.

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