

*Kansas Optometric Association's*  
**2008 Fall Eyecare Conference**  
**ASSISTANTS' REGISTRATION FORM**

October 10-11, 2008 • Wichita Airport Hilton

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

Practice Name				Phone	
First Name	Middle Initial	Last Name	Name as it should appear on badge		
Address	City	State	Zip	E-Mail	

**ASSISTANT REGISTRATION FEES**

	Cost Per Person	Total Cost
EARLY REGISTRATION - Assistants of AOA Members ( <i>Postmarked Sept. 8, 2008 and before</i> ) .....	\$75.00	\$ _____
LATE REGISTRATION - Assistants of AOA Members ( <i>Postmarked Sept. 9, 2008 and after</i> ) .....	\$95.00	\$ _____
NON-MEMBER REGISTRATION - Assistants of Non- AOA Members .....	\$175.00	\$ _____
TOTAL AMOUNT ENCLOSED .....		\$ _____

**AT-THE-DOOR REGISTRATION WILL BE \$115/ASSISTANT**

*Please indicate which programs and events you will attend on the chart below. Please check only one box for each section, so that you do not inadvertently sign up for two concurrent sessions.*

**Friday, October 10, 2008**

Session:

A	Personalities in the Workplace (ABO) Sharon Carter (5:30-7:30 pm) .....	<input type="checkbox"/>
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**Saturday, October 11, 2008**

B	Creating a Killer Optical (ABO) Sharon Carter (8:30-9:30 am) .....	<input type="checkbox"/>
or		
C	Working with Children in Your Practice Todd Fleischer (8:30-9:30 am) .....	<input type="checkbox"/>
D	Opticians Liability (ABO) Diane Drake (10:15 am - 12:15 pm) .....	<input type="checkbox"/>
or		
E	Your Mouth is Moving But Does Your Body Agree? (ABO) Sharon Carter (10:15 - 11:15 am) .....	<input type="checkbox"/>
and		
	Professionalism in the Workplace (ABO) Sharon Carter (11:15 am - 12:15 pm) .....	<input type="checkbox"/>
<b>Lunch/Exhibits</b>	<i>Included in Registration Fee (12:15-1:30 pm) .....</i>	<input type="checkbox"/>
F	Billers Seminar Elaine Schmidt, CPC (1:30-5:00 pm (3 hours)) .....	<input type="checkbox"/>
or		
G	Implementing and Managing a Frame Inventory (ABO) Diane Drake (1:30-2:30 pm) .....	<input type="checkbox"/>
and		
	How to Successfully Market, Merchandise and Dispense Pediatric Eyewear (ABO) Diane Drake (3:00-5:00 pm) .....	<input type="checkbox"/>

Please return this form to: Kansas Optometric Association, 1266 SW Topeka Blvd., Topeka, KS 66612, FAX (785) 232-6151. Cancellation Policy: \$10 cancellation fee if cancelled before 5 p.m. October 3, 2008; no refunds after 5 p.m. October 3, 2008.

Please charge \$ _____ (plus an additional 3% convenience fee) to my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
Card Number _____	Expiration Date _____
Name (Please print) _____	Signature _____