

Kansas Optometric Association's
2011 Fall Eyecare Conference
DOCTOR'S REGISTRATION FORM

November 18-20, 2011 • Wichita Airport Hilton

Educational handouts will be available in a printed format or on CD for those who request it. Please select one. Please print or type.

Name of Doctor(s)/Student	City	OE Tracker #	E-mail	Printed Handouts	Handouts on CD
1. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

DOCTORS EARLY REGISTRATIONS: \$250.00 Each x \$250.00 each = _____
(Postmarked October 14, 2011 and before)

DOCTORS LATE REGISTRATIONS: \$275.00 Each..... x \$275.00 each = _____
(Postmarked after October 14, 2011)

DOCTORS NON-AOA MEMBER REGISTRATION: \$450.00 Each x \$450.00 each = _____
(Postmarked October 14, 2011 and before)

DOCTORS NON-AOA MEMBER LATE REGISTRATIONS: \$475.00 Each ... x \$475.00 each = _____
(Postmarked after October 14, 2011)

STUDENT REGISTRATIONS: \$25.00 Each x \$25.00 each = _____

TOTAL AMOUNT ENCLOSED _____

Make checks payable to: KANSAS OPTOMETRIC ASSOCIATION
Registration Fee: *The registration fee for this seminar is \$250 for each KOA member doctor or AOA member doctor if postmarked on or before 10-14-11. If postmarked after 10-14-11, the registration fee is \$275 (at the door \$300). The non-member registration fee is \$450. If postmarked after 10-14-11, the non-member registration fee is \$475 (at the door \$500). This registration fee includes the cost of the faculty, Saturday & Sunday luncheon, breaks and course materials.*
Cancellation Policy: *\$10.00 cancellation fee if cancelled on or before 5 p.m., November 9, 2011; no refund if cancelled after 5 p.m., November 9, 2011.*

AT-THE-DOOR REGISTRATION WILL BE \$300/DOCTOR

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

Please charge \$ _____ to my: VISA MasterCard

Card Number _____ Expiration Date _____

Name (Please print) _____ Signature _____