

American Optometric Association's
EHR Preparedness Program
 REGISTRATION FORM

2:00 - 5:00 p.m. • Friday, October 1, 2010 • Wichita Airport Hilton

The Kansas Optometric Association will be hosting the AOA EHR Preparedness Program, "Enhancing Patient Care Through the Implementation of EHRs" prior to the start of the 2010 KOA Fall Eyecare Conference. A separate registration form is required for both events.

Please complete the information below and return this form to the KOA office.

Practice Name _____

Address _____ City _____ State _____ Zip _____ Phone _____

First Name _____ M.I. _____ Last Name _____ Name as it should appear on badge _____ OE Tracker # *(if applicable)*

First Name _____ M.I. _____ Last Name _____ Name as it should appear on badge _____ OE Tracker # *(if applicable)*

First Name _____ M.I. _____ Last Name _____ Name as it should appear on badge _____ OE Tracker # *(if applicable)*

First Name _____ M.I. _____ Last Name _____ Name as it should appear on badge _____ OE Tracker # *(if applicable)*

Registration Fees

	Number Attending		Cost Per Person	
KOA Member ODs - Registered for Fall Eyecare.....	<input style="width: 40px; height: 20px;" type="text"/>	@	\$50.00	<input style="width: 40px; height: 20px;" type="text"/>
Staff of KOA Members - Registered for Fall Eyecare.....	<input style="width: 40px; height: 20px;" type="text"/>	@	\$50.00	<input style="width: 40px; height: 20px;" type="text"/>
Member ODs - <i>NOT</i> Registered for Fall Eyecare.....	<input style="width: 40px; height: 20px;" type="text"/>	@	\$100.00	<input style="width: 40px; height: 20px;" type="text"/>
Staff of KOA Members - <i>NOT</i> Registered for Fall Eyecare.....	<input style="width: 40px; height: 20px;" type="text"/>	@	\$100.00	<input style="width: 40px; height: 20px;" type="text"/>
Non-Member ODs	<input style="width: 40px; height: 20px;" type="text"/>	@	\$150.00	<input style="width: 40px; height: 20px;" type="text"/>
Staff of non-KOA Members	<input style="width: 40px; height: 20px;" type="text"/>	@	\$150.00	<input style="width: 40px; height: 20px;" type="text"/>
GRAND TOTAL:				<input style="width: 40px; height: 20px;" type="text"/>

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 _____