



## CUT ALONG LINE AND RETURN FORM

### REGISTRATION FORM - - Please complete and return PROMPTLY

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OETracker # (for USA OD CE credit): \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

**CHECK BELOW:**

- PRESENTER -- \$195     NON-PRESENTER -- \$220    (Registration fee includes Saturday dinner & Sunday brunch)
- RESIDENT or STUDENT -- FREE - Meals NOT included

**MEAL TICKETS for guests, residents, or students:**

SATURDAY DINNER - \$40: \_\_\_\_\_ (# of tickets)

SUNDAY BRUNCH --- \$50: \_\_\_\_\_ (# of tickets)

**PLEASE NOTE:**

- \* Registration fee is for ALL Optometrists
- \* Meal tickets will be available on site for guests, residents, and students.
- \* On-site registration will be available.

**MAIL TO:** KISS c/o Dr. Jeffrey Kraskin - 4600 Massachusetts Ave, NW - Washington, DC 20016-2362 - USA