

## **REGISTRATION FORM: Symposium On Ocular Disease**

**April 18 & 19, 2026**

**Double Tree by Hilton 1960 Chain Bridge Rd Mclean VA (703) 893-2100**

**Cancellation Policy:** All cancellations are subject to a \$175 fee. No refund or credit is given after March 18th or for no-shows. NO EXCEPTIONS. By registering for the course you are agreeing to these terms.

**Confirmation** will be EMAILED to you after payment has been processed. We communicate almost exclusively by email. Make sure [education@psseyecare.com](mailto:education@psseyecare.com) is on your safe list so our emails don't go into your spam folder. All courses are COPE approved. It is your responsibility to see if your state accepts these for CE credit.

### **REGISTRATION FEES: You must register and pay by 5pm on 3/18/26 to get this rate**

- Both Days: \$459 if we receive your registration with payment by 3/18/26
- One Day Only: \$289 for either Saturday or Sunday if received by 3/18/26

Please circle which day you will attend    SAT    SUN

NAME \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

CITY,STATE & ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ LICENSE # \_\_\_\_\_

CELL PHONE \_\_\_\_\_ OE TRACKER# \_\_\_\_\_

**ADD-ONS.** Handouts can be downloaded and printed for free from our website one week prior to the meeting. If you want us to provide them on a USB flash drive or paper notebook there is an additional fee. Circle below if you want one of these options and add the appropriate amount to your registration fee.

Electronic flash drive for \$40

Paper Notebook for \$60

**TOTAL FEE TO BE PAID** \_\_\_\_\_

### **PAYMENT METHOD – your registration is not confirmed until payment is received.**

- If paying by credit card, fax completed registration form to (585) 310-7382 or scan it and email to [education@psseyecare.com](mailto:education@psseyecare.com). The payment link will come from the following email address: [quickbooks@notification.intuit.com](mailto:quickbooks@notification.intuit.com) Once we receive it, we will send you a link to pay online which must be paid within 24 hours to confirm your registration.
- If paying by check, make payable to PSS EyeCare and mail with completed registration form to PSS EyeCare 19 Rollins Crossing Pittsford NY 14534.

**PSS EyeCare \* 19 Rollins Crossing \* Pittsford, NY 14534      FAX: (585) 310-7382**

**Phone: (585) 626-7656   Email: [education@psseyecare.com](mailto:education@psseyecare.com)   [www.psseyecare.com](http://www.psseyecare.com)**