

**P S S 2 0 1 9: A Day of Primary Eye Care
REGISTRATION FORM**

Dates: Sunday October 20, 2019	Cancellation: A \$75 fee will be applied prior to 10 days from the start of the program. After that time, no refunds allowed
Location: Sheraton Suites Market Ctr 2101 N Stemmons Freeway Dallas Texas PHONE: (214) 747-3000	Confirmation: We will EMAIL you a confirmation upon receipt of your registration

Course Fees:

- \$189 for all 8 COPE hours if RECEIVED by October 14, 2019
- This rate includes breakfast and lunch buffet

Please sign below and send along with FULL PAYMENT (PRINT LEGIBLY)

(PLEASE PLACE education@psseyecare.com ON YOUR SAFE LIST FOR YOUR EMAIL ACCOUNT)

NAME _____

ADDRESS _____ PHONE _____

CITY, STATE & ZIP _____

EMAIL (PRINT LEGIBLY) _____

OE TRACKER NUMBER _____

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. Please circle below if you want one of these options and add the appropriate fee to your registration fee.

Electronic flash drive for \$25

Paper Notebook for \$30

TOTAL FEES TO BE PAID _____

PAYMENT METHOD (Registration is not confirmed until payment is received):

- If paying by check, make payable to PSS Eye Care and mail with form to address below
- **If paying by credit card, fill out form and fax, mail, or email and we will email you a link to pay online.** Please put education@psseyecare.com on your safe list so that this email does not go into your junk or spam folder..

MAIL REGISTRATION FORM TO:

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

Phone: (203) 415-3087 Email: education@psseyecare.com www.psseyecare.com