## REGISTRATION FORM: Forum on Optometry September 7 & 8, 2024

## Marriot Hotel 625 North Road Groton CT Hotel Phone: 860-446-2600

**Cancellation Policy:** All cancellations are subject to a \$175 fee. No refund or credit is given after August 1st 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* 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.

needs please list here	but we do not guarantee that v	h— in most cases, a buffet. If you have special dietary we can accommodate them.
REGISTRATION FI		
• Both Days:	\$459 if we receive your registration with payment by 8/1/24	
<ul> <li>One Day Onl</li> </ul>	y: Please circle which day yo	ou will attend:
	Saturday only for \$279	Sunday only for \$289
NAME		
OFFICE ADDRESS _		
CITY,STATE & ZIP_		
EMAIL		LICENSE #
CELL PHONE		OE TRACKER#
	<u>-</u>	nted for free from our website one week prior to the flash drive or paper notebook, circle the appropriate fee
Electr	onic flash drive for \$40	Paper Notebook for \$60
TOTAL FEE TO B	E PAID	

## PAYMENT METHOD – your registration is not confirmed until you have paid.

- If paying by credit card, fax completed registration form to (585) 310-7382 or scan it and email to education@psseyecare.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 www.psseyecare.com