

REGISTRATION FORM: A Series of Webinar-Based Live CE Courses

Cancellations: There are no cancellations or refunds once you have registered for a course. NO EXCEPTIONS. If you need to change the day or time of your course, there is a \$25 change fee. By registering for the course you are agreeing to these terms.

Confirmation of payment will be EMAILED to you once payment has been processed. Please place *education@psseyecare.com* on your safe list.

NAME _____

ADDRESS _____

CITY, STATE & ZIP _____

PHONE _____ EMAIL _____

FL LICENSE # _____ OE TRACKER # _____

Please circle the 4 hour block of courses you are registering for (All times are Eastern Daylight Time)

Sunday Dec 6: 8:30am - 12:20pm Glaucoma Diagnosis TQ Glaucoma Diagnosis	Sunday Dec 13: 8:30am - 12:20pm Excellence in Keratoconus TQ Ant Seg Dx : Learn from Mistakes (This is FL Medical Errors)	Sunday Dec 20: 8:30am -12:20pm ODs Guide to Pharm TQ Pharm for Optometrists
Sunday Dec 6: 1:00pm - 4:30pm Glaucoma Management TQ Glaucoma Management	Sunday Dec 13: 1:00pm - 4:30pm Manage Pts Multiple Conditions TQ Manage Pts Multiple Conditions	Sunday Dec 20:1:00pm - 4:30pm Med Mgmt Glaucoma TQ ODs Guide to Oral Pharm

REGISTRATION FEES:

- _____ \$90 for a single 4hr course block (Total of 4 CE hours)
- _____ \$150 for two 4hr course blocks (Total of 8 CE hours)
- _____ \$250 for a group of four 4hr course blocks (Total of 16 CE hours)
- _____ \$325 for a group of six 4hr course blocks (Total of 24 CE hours)

ADD-ONS. Handouts can be downloaded and printed from our website one week prior to the meeting. If you want Florida board approved TQ credit, you must sign up ahead of time. The fee is \$35 per 2hour course. Circle below your selections for TQ courses and add the appropriate fee to your registration.

Dec 6: Diagnosing Glaucoma

Dec 13: Excellence in Keratoconus

Dec 20: ODs Guide to Pharm

Dec 6: Managing Glaucoma

Dec 13: Manage Pts w/ Multiple Cond

Dec 20: Pharm: Med Mgmt Glaucoma

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.

FAX OR 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