

REGISTRATION FORM: Forum on Glaucoma
April 13 & 14, 2019
Marriott Hotel 25135 Park Lantern Dana Point CA (949) 661-5000

Cancellations: A \$125 fee applies to any cancellation before March 1, 2019. No refunds after 3/1/19. NO EXCEPTIONS. By registering for the conference, you are agreeing to these terms.

Confirmations will be EMAILED to you once payment has been processed. Be sure to place *education@psseyecare.com* on your email safe list so you receive our communications.

REGISTRATION FEES:

- Both Days: \$350 if we receive your registration with payment by April 8, 2019
- One Day Only: \$199 by 4/8/19 Please circle which day you will attend Sat Sun

NAME _____

ADDRESS _____

CITY, STATE & ZIP _____

PHONE _____ FAX _____

EMAIL (PRINT LEGIBLY) _____

OE TRACKER NUMBER _____ FL LICENSE _____

ADD-ONS. Handouts can be downloaded and printed for free from our website two weeks 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 \$30

Paper Notebook for \$45

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.

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