REGISTRATION FORM: Forum on Glaucoma April 4 & 5, 2020 Sheraton Hotel 303 Cordova St Pasadena CA (626) 449-4000

Cancellations: A \$150 fee applies to any cancellation before March 1, 2020. No refunds after 3/1/20. 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: \$299 if we receive your registration with payment by March 5, 2020
- One Day Only: \$199. Circle which day you will attend Saturday Sunday

NAME	
ADDRESS	
CITY,STATE & ZIP	
PHONE	FAX
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 \$30

Paper Notebook for \$50

TOTAL FEES TO BE PAI D _____

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