

REGISTRATION FORM: Forum on Optometry
November 21 & 22, 2020
Marriott Hotel 625 North Road Groton CT Hotel Phone: 860-446-2600

Cancellations: A \$150 fee applies to any cancellation before November 1, 2020. No refunds after 11/1/20. NO EXCEPTIONS. By registering for the conference, you are agreeing to these terms.

Have you previously attended a PSS EyeCare meeting before?

_____ Yes _____ No _____ Don't Know

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REGISTRATION FEES:

Both Days: \$399 if we receive your registration, payment, and subscription to PSS NEWS by 11/1/20
\$425 by 11/1/20 if you do not subscribe to PSS NEWS

One Day: \$250 for Sat or Sun Only if you register and subscribe to PSS NEWS by 11/1/20
\$275 for Sat or Sun Only if you do not subscribe to PSS NEWS
Circle which day you will attend SAT SUN

Please put education@psseyecare.com on your email list
Confirmations will be EMAILED to you once payment has been processed

NAME _____

ADDRESS _____

CITY, STATE & ZIP _____

PHONE _____ FAX _____

EMAIL (PRINT LEGIBLY) _____

OE TRACKER NUMBER _____ FL LICENSE _____

ADD-ONS. Handouts can be downloaded and printed 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. Circle below if you want any of these options and add the appropriate fee to your registration.

USB flash drive for \$40 Paper Notebook for \$60

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](http://www.psseyecare.com)

PSS NEWS

Subscription Form

Please fill out below and mail, fax, or send as email attachment

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_____ Check here if you do NOT want your email information shared with industry sponsors

1. Which categories most accurately describes your professional status?

_____ Self-employed/owner _____ Employee of OD _____ Employee of MD
_____ Employee of chain _____ Military or VA _____ Optometry student

2. Which of the following do you buy or influence the purchase of? (Check ALL that apply)

_____ Spectacle Lenses _____ Instruments & Equipment _____ Contact Lenses

3. How many of the following do you dispense in an average week? (Please provide #)

_____ Contact Lenses _____ Spectacles _____ Rx Prescriptions

4. On the average, how many patients do you see a week? _____

5. Which of the following conditions do you manage?

_____ Glaucoma _____ Keratoconus Fitting _____ Vision Therapy
_____ Vision Therapy _____ Surgical Co-Management _____ Low Vision

Signature

_____ YES! I wish to receive PSS NEWS for FREE

Signature required _____ Date _____

Each issue will be emailed to you as a PDF file which you can view or print at your discretion. All questions must be answered in order to receive this free service. Incomplete forms will not be processed.

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