

REGISTRATION FORM: A Day of Primary Eye Care

Sunday May 17, 2020

Renaissance Hotel 24 Public Square Cleveland OH (216) 696-5600

Cancellations: A \$100 fee applies to any cancellation before March 17, 2020. No refunds after 3/17/20. 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.

REGISTRATION FEE: \$179 which includes 8 COPE hours as well as breakfast and lunch. We must receive your registration and payment by March 17th in order to get this rate.

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 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 charge of \$25. Please circle below if you want one of these options and add the \$25 to your registration fee.

Electronic flash drive

Paper Notebook

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.** Please put *education@psseyecare.com* on your safe list so that this email does not go into your junk or spam folder..

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