

REGISTRATION FORM: Symposium on Ocular Disease
October 12 & 13, 2019
Sheraton Lake Buena Vista Resort Orlando FL (407) 239-0444

Cancellations: A \$125 fee applies to any cancellation before September 1, 2019. No refunds after 9/1/19. 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

REGISTRATION FEES:

- Both Days: \$549 if we receive your registration and payment by 5pm on 10/7/19
- One Day: \$299 for Sunday \$349 for Saturday Circle which day you will attend Sat Sun

Please fill out all information and send with payment

PLEASE PUT *education@psseyecare.com* ON YOUR EMAIL SAFE 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 for free from our website two weeks prior to the meeting. If you want us to provide them on a USB flash drive there is an additional fee. Please circle below if you want this option and add the appropriate fee to your registration fee.

Electronic flash drive for \$30

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. Make sure education @psseyecare.com is on your safe list so that payment link does not go into junk/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