

REGISTRATION FORM: Symposium on Ocular Disease
October 23, 24, and 25, 2020
Marriott Hotel 400 West Livingston St Orlando FL (407) 868-8686

Cancellations: A \$150 fee applies to any cancellation before September 1, 2020. No refunds after 9/1/20. NO EXCEPTIONS. By registering for the conference, you are agreeing to these terms.

REGISTRATION FEES - All registrations and payments must be received by Sept 25, 2020
Please circle the option you are registering for:

- Option 1: Sat & Sun: Symposium on Ocular Disease - 18 CE hours for \$599**
Speakers: Melton & Thomas, Deepak Gupta, George Nagle, Jim Stringham, and John McClane. Includes FL Jurisprudence, Medical Errors, Human Trafficking and the option for three 2hr TQ courses (at an additional \$30/each).

- Option 2: Friday Only FL Requirement Day Special - 11 CE hours for \$350**
11 CE hours. Speakers: Deepak Gupta and John McClane. Includes FL Jurisprudence, Medical Errors, Human Trafficking and the option for three 2hr TQ courses (at an additional \$30/each). With this option you will attend 10 live hours on Friday and live stream the 1 hour Human Trafficking Course on Saturday afternoon.

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. If you want Florida board approved TQ credit, you must sign up ahead of time. The fee is \$30 per 2hour course. 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 # TQ Courses @ \$30 each _____

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