

**REGISTRATION FORM: Forum on Primary Eye Care**  
**November 7 & 8, 2020**  
**Twelve Midtown by Marriott 361 17th St Atlanta GA (404) 961-1212**

**Cancellations:** A \$150 fee applies to any cancellation before October 1, 2020. No refunds after 10/1/20. 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

\*\*\*\*\* **SAVE \$25 by subscribing to our free digital newsletter PSS NEWS** \*\*\*\*\*

**REGISTRATION FEES:**

Both Days: \$400 if we receive your registration, payment, and subscription to PSS NEWS by 10/30/20  
\$425 by 10/15/20 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 10/30/20  
\$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**

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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 \$35 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 @ \$35 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**

# PSS NEWS

## Subscription Form

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

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**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.

*PSS EyeCare 19 Rollins Crossing Pittsford NY 14534*  
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