

REGISTRATION FORM: Conference on Comprehensive EyeCare
August 1 & 2, 2020
Sheraton Hotel 300 Third Street Niagara Falls NY USA (716) 285-3361

Cancellations: A \$150 fee applies to any cancellation before July 1, 2020. No refunds after 7/1/20. 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.

Have you attended a PSS EyeCare meeting before?

_____ **Yes** _____ **No** _____ **Don't Know**

REGISTRATION FEES:

- Both Days: \$475 if we receive your registration with payment by July 25, 2020
- One Day Only: \$299 if received by 7/25/20. Circle which day you will attend **SAT** **SUN**

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 or paper notebook there is an additional fee. Please circle below if you want one of these options and add the appropriate fee to your registration fee.

Electronic flash drive for \$30

Paper Notebook for \$50

TOTAL FESS 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