

**REGISTRATION FORM: PSS NEWS**  
**A Series of Distance-Based Learning Courses**

**Cancellations:** There are no cancellations or refunds once you have registered for a course. NO EXCEPTIONS. By registering for the course you are agreeing to these terms.

**Confirmation of payment** will be EMAILED to you once payment has been processed. Please place *education@psseyecare.com* on your safe list. CE certificates will print immediately after successfully passing the online test. Please make sure that we can read your handwriting below.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ OE TRACKER # \_\_\_\_\_

**COURSES: Please check the courses for which you are registering. All courses must be taken within 3 months of registration. You will need to take a short MC quiz for each 2hour course.**

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|---|--|
| _____ A Guide to Ocular Allergies             | _____ The Role of Punctal Plugs in Dry Eyes      |
| _____ A Short Course on Diabetes Mellitus     | _____ Guidelines of Laser Surgery in Glaucoma    |
| _____ CLs for Presbyopic Astigmatic Patients  | _____ Abducens Nerve Palsies                     |
| _____ Diagnosis & Management of Keratoconus   | _____ Dealing With Inflammation in Ant Seg Dx    |
| _____ The Role of Risk Assessment in Glaucoma | _____ Soft Toric Lens Update                     |
| _____ The Medical Management of Glaucoma      | _____ Primary Care Evaluation of the Young Child |

**REGISTRATION FEES:**

- \_\_\_\_\_ \$45 for a single 2hr course (Total of 2 CE hours)
- \_\_\_\_\_ \$99 for a group of four 2hr courses (Total of 8 CE hours)
- \_\_\_\_\_ \$160 for a group of eight 2hr courses (Total of 16 CE hours)
- \_\_\_\_\_ \$220 for a group of twelve 2hr courses (Total of 24 CE hours)

**PAYMENT METHOD (Courses will not be graded 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.

**FAX OR 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**