

REGISTRATION FORM: Symposium on Ocular Disease

September 25 & 26, 2021

Marriott Hotel 8028 Leesburg Pike Tysons VA Hotel Phone: 703-734-3200

Cancellations: A \$150 fee applies to any cancellation before Aug 1, 2021. No refunds after 8/1/21. 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. All registered attendees will also automatically be subscribed to our free e-newsletter, PSS NEWS.

REGISTRATION FEES:

- Both Days: \$550 if we receive your registration with payment by 9/23/21
- One Day Only: \$349 for Saturday or Sunday only if received by 9/23/21
Please circle which day you will attend SAT SUN

Registration will be closed after Sept 21st. We do NOT accept walk-in/on site registration.

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 one of this option and add the appropriate fee to your registration fee.

Electronic flash drive for \$30

TOTAL FEE TO BE PAID _____

PAYMENT METHOD

You can now pay by Venmo – Fill in phone# _____ and we will request payment

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