

REGISTRATION FORM: A Day of Primary Eye Care

Sunday May 19, 2019

Hilton Garden Inn 2000 Garden View Lane Cranberry Township PA (724)-779-9999

Cancellations: A \$100 fee applies to any cancellation before April 30, 2019. No refunds after 4/30/19. 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 FEE: \$229. All registrations must be received with payment by 5:00pm 5/21/19. We do NOT accept walk-in or on-site registrations

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 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. Please circle below if you want one of these options and add the appropriate fee to your registration fee.

Electronic flash drive for \$20

Paper Notebook for \$25

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.** Please put education@psseyecare.com on your safe list so that this email does not go into your junk or spam folder..

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