

REGISTRATION FORM: Conference on Comprehensive EyeCare
June 12 & 13, 2021
Sheraton Hotel 300 Third Street Niagara Falls NY USA (716) 285-3361

Cancellations: A \$150 fee applies to any cancellation before April 30, 2021. No refunds after 4/30/21. 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: \$379 if we receive your registration with payment by 4/30/21
 - One Day Only: \$249 for Saturday or \$229 for Sunday if received by 4/30/21
- Please 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 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