

## REGISTRATION FORM: Forum on Optometry

**September 6 & 7, 2025**

**Marriot Hotel 625 North Road Groton CT Hotel Phone: 860-446-2600**

**Cancellation Policy:** All cancellations are subject to a \$175 fee. No refund or credit is given after August 1st or for no-shows. NO EXCEPTIONS. By registering for the course you are agreeing to these terms.

**Confirmation** will be EMAILED to you after payment has been processed. We communicate almost exclusively by email. Make sure *education@psseyecare.com* is on your safe list so our emails don't go into your spam folder. All courses will be COPE approved. It is your responsibility to see if your state accepts these for CE credit.

**Your registration includes a hot breakfast and lunch– in most cases, a buffet. If you have special dietary needs please list here but we do not guarantee that we can accommodate them.**

**Special Dietary Needs:** \_\_\_\_\_

### REGISTRATION FEES:

- Both Days: \$459 if we receive your registration with payment by 7/24/25
- One Day Only: Please circle which day you will attend:

Saturday Only for \$279

Sunday only for \$299

NAME \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

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

EMAIL \_\_\_\_\_ LICENSE # \_\_\_\_\_

CELL PHONE \_\_\_\_\_ OE TRACKER# \_\_\_\_\_

**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. Circle below if you want one of these options and add that amount to your registration fee.

Electronic flash drive for \$40

Paper Notebook for \$60

**TOTAL FEE TO BE PAID** \_\_\_\_\_

**PAYMENT METHOD – your registration is not confirmed until you have paid.**

- If paying by credit card, fax completed registration form to (585) 310-7382 or scan it and email to [education@psseyecare.com](mailto:education@psseyecare.com). **Once we receive it, we will send you a link to pay online which must be paid within 24 hours to confirm your registration.**
- If paying by check, make payable to PSS EyeCare and mail with completed registration form to PSS EyeCare 19 Rollins Crossing Pittsford NY 14534.

**PSS EyeCare \* 19 Rollins Crossing \* Pittsford, NY 14534 FAX: (585) 310-7382**

**Phone: (585) 626-7656 Email: [education@psseyecare.com](mailto:education@psseyecare.com) [www.psseyecare.com](http://www.psseyecare.com)**