REGISTRATION FORM: Forum on Primary EyeCare November 8-9, 2025

Twelve Midtown Hotel by Marriott 361 17th St Atlanta 404-961-1212

Cancellations: A \$175 fee applies to any cancellation before Sept 10, 2025. No refunds after 9/10/25. 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 because we communicate almost exclusively by email. If you are waiting for a link to pay by credit card, please check your junk/spam.

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 re	gistration with payment by 9/10/25
• One Day Only: Please circle which day y	
• •	Sunday only for \$289
NAMEOFFICE ADDRESS	
	LICENSE #
CELL PHONE	OE TRACKER#
	rinted for free from our website one week prior to the B flash drive or paper notebook there is an additional 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 1	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. 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.

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