

REGISTRATION FORM: A Day of Primary EyeCare
Sunday March 8, 2026
Marriott: 100 Cranberry Woods Dr Cranberry Twp, PA (724) 772-3700

Cancellation Policy: All cancellations are subject to a \$150 fee. No refund or credit is given after Feb 20th 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.

REGISTRATION FEES:

\$189 for 9 CE hours

In order to get this rate, you must register AND pay by 5pm on February 20, 2026

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 the appropriate amount to your registration fee.

Electronic flash drive for \$35

Paper Notebook for \$45

TOTAL FEE TO BE PAID _____

PAYMENT METHOD – your registration is not confirmed until payment is received.

- 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.

PSS EyeCare * 19 Rollins Crossing * Pittsford, NY 14534 FAX: (585) 310-7382
Phone: (585) 626-7656 Email: education@psseyecare.com www.psseyecare.com