

**REGISTRATION FORM: Forum on Primary EyeCare**

**November 13 & 14, 2021**

**Twelve Midtown Hotel by Marriott 361 17<sup>th</sup> St Atlanta 404-961-1212**

**Cancellations:** A \$150 fee applies to any cancellation before Sept 1, 2021. No refunds after 9/1/21. 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: \$389 if we receive your registration with payment by 9/1/21
- One Day Only: \$239 for Saturday or Sunday only if received by 9/1/21  
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 \$40**

**Paper Notebook for \$60**

**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**