REGISTRATION FORM: Forum on Primary EyeCare
November 14-15, 2026
Twelve Midtown Hotel by Marriott 361 17th St Atlanta 404-961-1212

Cancellations: A $175 fee applies to any cancellation before Sept 15, 2026. No refunds after 9/15/26. 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 there may be an additional charge.

REGISTRATION FEES:

- Both Days: $569 if we receive your registration by 5pm on 11/6/26
- Sunday Only: $349 if we receive your registration by 5pm on 11/6/26

- We are no longer offering Saturday only registrations

NAME_____

OFFICE ADDRESS _____

CITY,STATE & ZIP _____

CELL PHONE _____ OFFICE PHONE_____

EMAIL **(PRINT LEGIBLY)**_____

OE TRACKER NUMBER _____ FL LICENSE _____

ADD-ONS. Handouts can be downloaded and printed 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 any of these options and add the appropriate fee to your registration.

USB flash drive for $40 **Paper Notebook for $60**

TOTAL FEE TO BE PAI D _____

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

- If paying by check, make payable to PSS EyeCare and mail with registration form to PSS EyeCare 19 Rollins Crossing Pittsford NY 14534.
- If paying by credit card, fill out form and fax to us at (585) 310-7382 or scan the form and email to us at 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.

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