OPTICIANS ASSOCIATION OF ARKANSAS

WINTER Meeting

Sunday, November 15, 2026

7:30 AM – 1:00 PM

DoubleTree Suites by Hilton Hotel Bentonville

301 SE Walton Blvd., Bentonville, AR 72712

479-845-7770

REGISTRATION FORM

NAME _____

DISPENSARY _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL _____

Form must be received in the Association office before 11/1/26
If payment is not received the amount due will be $220.00

	BEFORE 11/1/26	TO PAY AT THE DOOR***	AMOUNT ENCLOSED
MEMBERS*	$110.00	$140.00	_____
NON-MEMBER	$190.00	$220.00	_____
		TOTAL ENCLOSED	_____

IF PAYING FOR MORE THAN ONE PERSON, PLEASE FILL OUT A FORM FOR EACH PERSON. YOU MAY COPY THIS FORM. COMPLETE AND RETURN THIS FORM TO:
Opticians Association of Arkansas, Post Office Box 2523 West Helena, Arkansas 72390 or
***** TO PAY AT THE DOOR YOU MUST FAX YOUR REGISTRATION BEFORE 11/1/26**

NEW OAA MAILING ADDRESS

Opticians Association of Arkansas

POST OFFICE BOX 2523 WEST HELENA, AR 72390 | NEW FAX 601-706-8525 | WWW.AROPTICIANS.ORG