

Registration Form

Mail: 411 S. Victory, Suite 206
 Little Rock, AR 72201
 Fax: 501-372-0233
 Phone: 501-661-7675

Name: _____ OE Tracker #: _____
 Name On Badge: _____ Spouse/Guest: _____
 Phone Number: _____ Fax Number: _____
 Email Address: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

	Before	After 9/15/10
AROA Member Discount	\$375 _____	\$400 _____
Non-Member	\$525 _____	\$550 _____
Spouse/Guest/AFVA	\$25 _____	\$50 _____
New Graduate	\$0 _____	\$25 _____
Student Member	\$0 _____	\$25 _____
Non-Member Student	\$25 _____	\$35 _____
CPR Class	\$50 _____	\$60 _____

Please indicate the functions you will attend:

Friday, Oct. 29th

Dinner

Saturday, Oct 30th

Breakfast

Lunch

Sunday, October 31st

Breakfast

Food Allergies/Dietary Restrictions?

Total _____

Credit Card _____ Ex Date _____ Sec. Code _____

Payment must accompany this form to avoid a charge for late registration. Please make checks payable to: *Arkansas Optometric Association*. The meeting is only available as a complete package. Registration fees will not be broken out for those who do not wish to attend all meetings. A refund of registration, minus a \$50 cancellation fee, will be made if the request is received before October 5th.