



## OD & PARA REGISTRATION

**Mail:** 1401 W. Capitol, Suite 247, Little Rock, AR 72201  
**Fax:** 501-372-0233  
**Phone:** 501-661-7675  
**Online:** [www.arkansasoptometric.org](http://www.arkansasoptometric.org)  
 or scan QR code

Name: \_\_\_\_\_ OE Tracker #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Attending Para Staff names (first, last, email) \_\_\_\_\_

\_\_\_\_\_

**Attendee office address and office phone number are shared with exhibitors. Please check below if you do not want your information shared.**     **Do not share my office address and phone number with exhibitors.**

**Before 9/16/22      After 9/17/22**

ArOA/AOA Member Discount*	\$425 _____	\$475 _____
Non—Member	\$650 _____	\$700 _____
2022 Grad (Member)**	\$0 _____	\$25 _____
Students	\$0 _____	\$0 _____
Paraoptometric Member	\$100 _____	\$150 _____
Non-Member Para	\$200 _____	\$250 _____
CPR (must have 10 for class)	\$70 _____	\$70 _____
TOTAL	\$ _____	\$ _____

**Any registrations received on-site will be charged an additional \$100.**

*\*\*Registration for 2022 Graduates are sponsored by the ArOA Board.*

**Credit Card Number** \_\_\_\_\_ **Ex Date** \_\_\_\_\_ **CVV** \_\_\_\_\_

Is the billing address of your credit card the same as your mailing address listed above?     Yes     No

If not, please complete the following information:

Name on card \_\_\_\_\_

Billing Address \_\_\_\_\_

**Register online at [www.arkansasoptometric.org](http://www.arkansasoptometric.org)**