



**REGISTRATION FORM**

Clinic \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**TECHS**

**#1**

Name \_\_\_\_\_

COA  COT  COMT  RN  Other \_\_\_\_\_

Email \_\_\_\_\_

**#2**

Name \_\_\_\_\_

COA  COT  COMT  RN  Other \_\_\_\_\_

Email \_\_\_\_\_

**#3**

Name \_\_\_\_\_

COA  COT  COMT  RN  Other \_\_\_\_\_

Email \_\_\_\_\_

**#4**

Name \_\_\_\_\_

COA  COT  COMT  RN  Other \_\_\_\_\_

Email \_\_\_\_\_

**#5**

Name \_\_\_\_\_

COA  COT  COMT  RN  Other \_\_\_\_\_

Email \_\_\_\_\_

**REGISTRATION**

Qty	Registration Type	Total
	Early Bird Rate - \$250 (before 2/15/19)	
	Registration - \$300 (after 2/15/19)	
		<b>Total Due \$</b>

**PAYMENT INFORMATION**

Register Online at [www.oregoneyephysicians.org](http://www.oregoneyephysicians.org), or fax or mail this form with payment information.

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV \_\_\_\_\_

Email for Receipt \_\_\_\_\_

Signature \_\_\_\_\_

**Oregon Academy of Ophthalmology**

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www.oregoneyephysicians.org | staff@oregoneyephysicians.org

**CANCELLATION POLICY: \$25 administrative service charge for cancellations**