



**PGC REGISTRATION FORM**

First Name

Last Name

Clinic/Practice

Email

Degree

Address

Phone

City

State

Zip

**REGISTRATION FEE**

Registration Type	Fee
OAO Member Early Bird Rate (before 8/14/20)	\$435
OAO Member (after 8/14/20)	\$485
Non-Member Early Bird Rate (before 8/14/20)	\$605
Non-Member (after 8/14/20)	\$655
100% Retired/OAO Life Members	\$85
Residents/Fellows – no cost	\$0
<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

**NO REFUNDS OR CANCELLATIONS**