REGISTRATION FORM

Clinic

Phone

Address

City

State

Zip

TECHS

#1

Name

Email

☑ COA ☐ COT ☐ COMT ☐ RN ☐ Other __________

#2

Name

Email

☑ COA ☐ COT ☐ COMT ☐ RN ☐ Other __________

#3

Name

Email

☑ COA ☐ COT ☐ COMT ☐ RN ☐ Other __________

#4

Name

Email

☑ COA ☐ COT ☐ COMT ☐ RN ☐ Other __________

#5

Name

Email

☑ COA ☐ COT ☐ COMT ☐ RN ☐ Other __________

REGISTRATION

<table>
<thead>
<tr>
<th>Qty</th>
<th>Registration Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Early Bird Rate - $250 (before 2/14/20)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Registration - $300 (after 2/14/20)</td>
<td></td>
</tr>
</tbody>
</table>

Total Due $______

PAYMENT INFORMATION

Register Online at 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
8 N State Street, Ste 200 | Lake Oswego, OR 97034 | 503-222-3937 | Fax 503-210-1533
www.oregoneyephysicians.org | staff@oregoneyephysicians.org

CANCELLATION POLICY: $25 administrative service charge for cancellations