

OD Registration

Mail: 1401 W. Capitol, Suite 247, Little Rock, AR 72201
Fax: 501-372-0233
Phone: 501-661-7675
Online: www.arkansasoptometric.org



Name: _____ OE Tracker #: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Information:

Name: _____ Phone # _____ Relationship: _____

If you are registering a guest/spouse below, please provide:

Guest/Spouse's name: _____

Guests may attend the Exhibit Hall, Awards Luncheon, & Presidents Reception

***Staff Registration on separate form**

	Before 4/16/18	After 4/16/18
ArOA/AOA Member Discount*	\$475 _____	\$525 _____
Non—Member	\$700 _____	\$750 _____
Spouse/Guest	\$25 _____	\$50 _____
2017 Grad (Member)**	\$0 _____	\$25 _____
Students	\$0 _____	\$0 _____
JC Beane Golf Tournament	\$150 _____	\$150 _____
2 Mulligans	\$10 _____	\$10 _____
5k Fun Run/Walk <i>*Must complete form</i>	\$25 _____	\$25 _____
TOTAL	\$ _____	\$ _____

***Registration for 2017 Graduates who have paid 2018 dues are sponsored by the ArOA Board. Non-members pay full price.*

Please indicate the functions you will attend:

Thursday, April 26th

Alcon Promotional Dinner

Friday, April 27th

- Membership Breakfast (MEMBERS ONLY)
- TLC Industry Lunch
- Industry Lunch (OD only)
- Essilor Industry Lunch

Saturday, April 28th

- 5K Fun Run/Walk
- Awards Luncheon
- ___ Registered Guest
- ___ Registered Guest

Food Allergies/Dietary Restrictions?

Please list _____

Gluten-Free

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 _____

April 26-29, 2018 Spring Convention *

Little Rock Marriott

Register online at www.arkansasoptometric.org