

ON-SITE Vendor Appreciation Offer

Due to the overwhelming support of our meeting sponsors TOA and PCS would like to present this Special Offer

**7Hrs
Optometrist
EDUCATION**
Attend Saturday's "John and Joe UNPLUGGED" and receive
an additional 2 hours General Continuing Education
9 Hours Total (both days)

BOGO
Buy One Get One
ON-SITE FORM

Buy one meeting registration and get one free.

Use the below form

Starts 8:30am
Hotel Derek Houston, TX
July 15th
SATURDAY "Bonus Session" LIMITED SEATING:
John & Joe Unplugged 5pm - 7pm

TOA & PCS
present
D.I.Y.
Do It Yourself
Practice Improvement

Registration # _____
FOR TOA USE ONLY

Office/ Practice Name _____

Office Address _____ City/State _____ Zip _____

Office Phone () _____ Fax () _____ E-Mail _____

E-Mail required for registration verification. By giving TOA your information you will automatically be signed up to receive the TOA E-News and other optometry related information

ATTENDEES

ON-SITE Amount

OPTOMETRIST or 1st Optometric Staff Member (if sending staff ONLY):

First Name _____	Nickname _____	\$350	_____
Last Name _____	Suffix _____		
License Number _____	Cell _____		
<input type="checkbox"/> SATURDAY "Bonus Session" LIMITED SEATING: John & Joe Unplugged 5pm - 7pm			

FREE REGISTRANT - OPTOMETRIST or Optometric Staff Member

First Name _____	Nickname _____	FREE*	FREE*
Last Name _____	Suffix _____		
License Number _____	Cell _____		
<input type="checkbox"/> SATURDAY "Bonus Session" LIMITED SEATING: John & Joe Unplugged 5pm - 7pm			

ON-SITE

INFORMATION and HELPFUL HINTS

HANDOUTS

Will be e-mailed to the e-mail listed above

PAYMENT RECEIPT

You will receive a receipt via the e-mail above
when your payment has been processed.

EDUCATION HOURS

OPTOMETRISTS: Make sure and turn in your completed CE card to the TOA registration desk at the end of the seminar. TOA will submit your CE hours directly to the Texas Optometry Board. Please, feel free to take a picture of you completed education card for your records

TOTAL Amount: \$ _____

PAYMENT INFORMATION (choose one)

Make check payable to: Texas Optometric Association

or

Credit Card # _____

Expires ____ / ____ Billing Zip Code _____ CVV # _____

Signature _____