

ALOA Gulf Coast Summer Conference
July 21 -July 22, 2017 – The Henderson Resort – Destin, FL
Sponsored by the Alabama Optometric Association &
the UAB School of Optometry Alumni Association

Registration Form

Mail this form to ALOA, 1043 Ambassador Court, Montgomery, AL 36117 or
 fax it to (334) 273-9681.

Doctor's Name _____ OE Tracker # _____

Name as it should appear on name badge _____

Address _____

City/State/Zip _____

Phone _____ Fax _____ Email (for confirmation): _____

CE credit needed for the following states: _____

Name(s) of Spouse/Guests (Print name(s) as it should appear on name badge)

	<u>Before July 3</u>	<u>July 3 - onsite</u>
<input type="radio"/> Optometrist Registration (member of AOA/ALOA/UABSOAA)	\$295	\$495
<input type="radio"/> Non-Member Optometrist Registration	\$590	\$790
<input type="radio"/> ALOA/AOA Life Members/Residents/Retired and Students	No charge	No charge
Indicate number of guest registrants:		
_____ Spouse/Guest Registration (age 18 and over)	\$20	\$20

TOTAL ENCLOSED \$ _____

_____ Please check here if you have a disability or food allergy that will require special services at this meeting.
 An ALOA staff member will contact you to discuss your needs. If you have a food allergy, please specify:

Method of Payment: Check# _____ Visa _____ MasterCard _____ Am Express _____ Discover _____

FOR CHECK PAYMENTS: Make checks payable to Alabama Optometric Association.
FOR CREDIT CARD PAYMENTS: We must have the exact address where you receive the bill for this credit card and your expiration date.

Same address as above Different (please print address) _____

Card # _____ Exp. Date _____

Signature _____

FOR OFFICE USE ONLY: Date Received _____ Amount \$ _____