

ALABAMA OPTOMETRIC ASSOCIATION ANNUAL CONVENTION

October 7-9, 2022 • The Sheraton Hotel • Birmingham, Alabama

Technician/Staff Registration Form

Mail registration to ALOA, P.O. Box 240907 Montgomery, AL 36124-0907 or fax to (334) 273-9681.

Name _____

Name as it should appear on name badge _____

Doctor's Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

E-mail (for registration confirmation) _____

I will need continuing education credit from the following organizations: _____

REGISTRATION CATEGORIES	Standard Registration through 9/16	Registration with late fee after 9/16	
<input type="checkbox"/> ALOA/AOA Member - Technician/Staff	\$275	\$400	\$ _____
<input type="checkbox"/> Non-ALOA/AOA Member - Technician/Staff	\$550	\$675	\$ _____
<input type="checkbox"/> Exhibits/Receptions Only	\$75	\$75	\$ _____
<input type="checkbox"/> Spouse/Guest Registration (Please pay for all guests over 18 years of age)	_____ x \$20		\$ _____
Spouse/Guest Name (Please provide first and last name): _____			

Optional Activities:

CPR Course (attendance limited to 30) _____ x \$35 \$ _____

TOTAL REGISTRATION \$ _____

Do you have food allergies? Please specify and an ALOA staff member will contact you to discuss your needs.

Will you need special assistance at the meeting due to illness, disability, etc.? _____

An ALOA staff member will contact you to discuss your needs.

PAYMENT

Check # _____ (Checks Payable to Alabama Optometric Association or ALOA)

Credit Card: Visa MasterCard American Express Discover

(For security purposes the ALOA does not keep past credit card numbers on file. Please write out credit card number. Placing "Credit Card on File" in blank will not be accepted.)

Card # : _____

Exp. Date _____ CVV _____ Name on card: _____

Billing Address (if different from above) _____

Signature _____