

ALABAMA OPTOMETRIC ASSOCIATION ANNUAL CONVENTION

October 6-8, 2023 • The Sheraton Hotel • Birmingham, Alabama

Optometrist/Optomety Student 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 badge _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Email (for registration confirmation) _____

All courses are COPE approved. If you need courses approved in the state by which you are licensed, contact the ALOA.

REGISTRATION CATEGORIES

Standard Registration through 9/9 Registration with Late Fee after 9/9

MEMBER REGISTRATION:

<input type="checkbox"/> ALOA/AOA Member Optometrist (full weekend)	\$475	\$600	\$ _____
<input type="checkbox"/> ALOA/AOA Member Optometrist (Friday only)	\$250	\$375	\$ _____
<input type="checkbox"/> ALOA/AOA Member Optometrist (Saturday only)	\$350	\$475	\$ _____
<input type="checkbox"/> ALOA/AOA Member Optometrist (Sunday only)	\$250	\$375	\$ _____

NONMEMBER REGISTRATION:

<input type="checkbox"/> Non-ALOA/AOA Member Optometrist (full weekend)	\$950	\$1075	\$ _____
<input type="checkbox"/> Non-ALOA/AOA Member Optometrist (Friday only)	\$500	\$625	\$ _____
<input type="checkbox"/> Non-ALOA/AOA Member Optometrist (Saturday only)	\$700	\$825	\$ _____
<input type="checkbox"/> Non-ALOA/AOA Member Optometrist (Sunday only)	\$500	\$625	\$ _____

OTHER REGISTRATION CATEGORIES:

<input type="checkbox"/> New Practitioner (graduated 2021 or 2022) (full weekend)	\$250	\$375	\$ _____
<input type="checkbox"/> Exhibits/Receptions Only	\$75	\$75	\$ _____
<input type="checkbox"/> Student	Complimentary Registration		
<input type="checkbox"/> Life Member/AOA Retired member	Complimentary Registration		
<input type="checkbox"/> New Graduate (Graduated in 2023)	Complimentary Registration		
<input type="checkbox"/> Resident	Complimentary Registration		

Spouse/Guest Registration (Please pay for all guests over 18 years of age) _____ x \$20 \$ _____

Spouse/Guest Name (Please provide first and last name): _____

Total Registration Amount \$ _____

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

Card #: _____

Exp. Date _____ CVV _____ Name on card: _____

Billing Address (if different from above) _____

Signature _____

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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 9/9	Registration with late fee after 9/9	
<input type="checkbox"/> ALOA/AOA Member-Technician/Staff(full weekend)	\$275	\$400	\$ _____
<input type="checkbox"/> ALOA/AOA Member-Technician/Staff (Friday Only)	\$175	\$300	\$ _____
<input type="checkbox"/> ALOA/AOA Member-Technician/Staff (Saturday Only)	\$225	\$350	\$ _____
<input type="checkbox"/> ALOA/AOA Non-Member Technician/staff -full weekend	\$550	\$675	\$ _____
<input type="checkbox"/> ALOA/AOA Non-Member-Technician/Staff (Friday Only)	\$350	\$475	
<input type="checkbox"/> ALOA/AOA Non-Member-Technician/Staff (Saturday Only)	\$450	\$575	
<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): _____			
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 _____