

CE IN THE BIG EASY

CE REGISTRATION FORM

October 16 - 17, 2010

Name: _____ Address: _____

Phone (Home) _____ City: _____ State: _____ Zip: _____

Phone (Office) _____ Email: _____

State(s) Licensed & License Number(s): _____

OE Tracker # _____

REGISTRATION FEES

NUMBER OF DAYS	EARLY BIRD FEE (postmarked on or before Oct. 01, 2010)	REGULAR FEE (postmarked after Oct. 01, 2010)
Entire Course (17 hours)	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$450.00
One Day (8 hours)	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$295.00
Professional Responsibility Course on CD		<input type="checkbox"/> \$95.00

\$5 - YES, I would like to contribute \$5 towards UHCO student activities
(White Coat Ceremony, Spring Awards Banquet, etc.)

PAYMENT INFORMATION

CHECK

I am enclosing a check in the amount of \$ _____ payable to the *Institute for Optometric Practice (IOP)*.

CREDIT CARD INFORMATION

Please charge \$ _____ to my: AMEX MasterCard VISA

Name (as it appears on card): _____ Signature of cardholder: _____

Card#: _____ Exp. Date: _____

Credit Card Billing Address (if different from above) - Address: _____

City: _____ State: _____ Zip: _____

Credit Card Security Code (Required)

VISA or MasterCard Security Code#

You will find the 3-digit security code printed on the signature panel on the back of the card. Record the last 3-digits of the security code in the space above.

AMEX Security Code#

You will find AMEX's 4-digit security code printed just above and to the right or left of your credit card number. Record this 4 digit code in the space above

To register for continuing education contact:

UH COLLEGE OF OPTOMETRY - OFFICE OF CONTINUING EDUCATION

505 J. Davis Armistead Bldg., Houston, TX 77204-2020

713.743.1900 Tel 713.743.1769 Fax optce@uh.edu <http://ce.opt.uh.edu>

UNIVERSITY of **HOUSTON**

COLLEGE of OPTOMETRY | Continuing Education

