

REGISTRATION BY MAIL

Neuro-Optometry for the Primary Care Optometrist
April 21-22, 2008

NAME

ADDRESS

CITY

STATE

ZIP

TELEPHONE

E-MAIL *(required)*

FLORIDA LICENSE NO. *(required if Florida licensed)*

OE TRACKER NO. *(required)*

Lookup your OE Tracker Number at <https://www.arbo.org/oetracker/oelookup.php>

To learn more about the OE Tracker program, please visit
http://optometry.nova.edu/ce/forms/oe_tracker.pdf

PLEASE NOTE: Alumni must be current chapter members to receive discounted registration fees. If you haven't paid your dues for 2008, please do so as part of this registration.*

Please check off your registration status:

- | | | |
|---|------------------------------------|---------------------------|
| <input type="checkbox"/> Early Registration | \$250/Alumni Chapter Members \$125 | Postmarked By April 21 |
| <input type="checkbox"/> Regular Registration | \$300/Alumni Chapter Members \$150 | Postmarked After April 21 |
| <input type="checkbox"/> Onsite Registration | \$350/Alumni Chapter Members \$175 | |
| <input type="checkbox"/> Alumni Chapter Dues | \$25 | |

Please check the meals you will attend:

- Sunday Continental Breakfast
- Sunday Lunch

Special Needs:

- Kosher Meals Required
- Hearing Assistive Device Required
- Wheelchair Access Required

-
- I am an alumnus of the NSU College of Optometry
Class of _____

Please complete this registration form, attach a check payable to
NSU College of Optometry, and mail both to:

Lorena Lizausaba
Coordinator, Office of Continuing Education & Alumni Affairs
College of Optometry
Nova Southeastern University
3200 South University Drive
Ft. Lauderdale, FL 33328