

REGISTRATION FORM - - Please complete and return PROMPTLY

NAME: _____ **E-MAIL:** _____

ADDRESS: _____

OETracker # (for USA OD CE credit): _____ **TELEPHONE #:** _____

CHECK BELOW:

PRESENTER - - \$185 **NON-PRESENTER - - \$190** (Registration fee includes Saturday dinner & Sunday brunch)

RESIDENT or STUDENT -- FREE - Meals NOT included

MEAL TICKETS for guests, residents, or students:

SATURDAY DINNER - \$35: _____ (**# of tickets**)

SUNDAY BRUNCH ---- \$45: _____ (**# of tickets**)

PLEASE NOTE:

- * Registration fee is for ALL Optometrists
- * Meal tickets will be available on site for guests, residents, and students.
- * On-site registration will be available

MAIL TO: KISS c/o Dr. Jeffrey Kraskin - 4600 Massachusetts Ave, NW - Washington, DC 20016-2362 - USA