

CE IN AUSTIN

CE REGISTRATION FORM

August 06 - 07, 2011

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 July. 15, 2011)	REGULAR FEE (postmarked after July. 15, 2011)
Entire Course (16 hours)	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$475.00
Professional Responsibility Course Only	<input type="checkbox"/> \$95.00	

16 Hour Registration fee includes:

15 hours of continuing education, plus the 1 hour Professional Responsibility Course LIVE, program materials and refreshments during the program. Additional fee applies for the Professional Responsibility Course for those participants not registering for the entire program. Contact the CE office at 713.743.1900 for complete details.

☐ **\$10 - YES**, I would like to contribute \$10 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: _____

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>