

# OPAT PROGRAM REGISTRATION FORM LEVEL ONE

Use one form per person. Photocopy this form for additional registrations. Please print legibly.

Name \_\_\_\_\_ Degree (OptTR, ABOC, et.) \_\_\_\_\_

Practice/Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Register me for the conference in (city) \_\_\_\_\_

## TWO WAYS TO REGISTER

### Complete Program Registration (Save \$75)

Entire Program  Level One - \$385

Total Registration Fee \_\_\_\_\_

*OR Check Individual Courses You Wish To Take (\$115 per course includes three hours of lecture and test)*

#### LEVEL ONE:

##### Day One

- 8:00 AM - 11:00 AM  
 Ophthalmic Dispensing
- 12:00 PM - 3:00 PM  
 Ophthalmic Lenses
- 3:30 PM - 6:00 PM  
 Contact Lenses

##### Day Two

- 8:00 AM - 11:00 AM  
 Patient Care

## PAYMENT INFORMATION

Total Hours Registered \_\_\_\_\_

*You will receive a confirmation letter in the mail within two weeks.  
Please keep documentation of your registration.*

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

In order to help keep costs down, we will no longer accept credit cards. Please make checks payable to OPAT Program.

Mail your completed registration form with payment to:

OPAT Program  
56654 Garden Hills Lane  
St. Cloud, MN 56301

For personal registration assistance please call: (888) 239-4518

### *Registration Deadline:*

Registrations must be received in our office one week prior to the start date.