

OPAT PROGRAM REGISTRATION FORM LEVEL TWO

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 Two - \$475

Total Registration Fee _____

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

LEVEL TWO: Day One

5:00 PM - 8:00 PM

Ophthalmic Lenses 2

Day Two

8:00 AM - 11:00 AM

Dispensing 2

1:00 PM - 4:00 PM

Clinical Procedures 2

4:00 PM

Testing

Day Three

8:00 AM - 11:00 AM

Contact Lenses 2

1:00 PM - 4:00 PM

Anatomy & Physiology

4:00 PM

Testing

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.