


OPTOMETRY'S MEETING®

Primary Registration Form June 24 - 28, 2009 • Washington, D.C.

NOTE: Guest/Junior Delegate Registration form is on the back of this form. Each professional attendee must submit a separate form.

Last Name _____ First Name _____ Middle Initial _____
 Nickname _____ Degree(s) _____ AOA Member ID Number _____
 Optometry School Attended _____ OE Tracker/ARBO # _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Fax _____
 E-mail Address _____

Emergency Information: Contact _____ Relationship _____ Phone _____

 In accordance with the *Americans with Disabilities Act*, please check here if you require special services to fully participate.

REGISTRANT FEE CATEGORY (See page 72)

Member: Registration Fees	Non-Member: Registration Fees	Guest/Spouse: Registration Fees
AOAM ___ @\$125/each = \$ _____	NONM ___ @\$495/each = \$ _____	GEST ___ @\$50/each = \$ _____
AOSA ___ @\$50/each = \$ _____	NMOS ___ @\$125/each = \$ _____	ASMG ___ @\$50/each = \$ _____
AOAP ___ @\$50/each = \$ _____	NONP ___ @\$125/each = \$ _____	JRDL ___ @\$0/each = \$ _____
AOAE ___ @\$125/each = \$ _____	EXHT ___ @\$125/each = \$ _____	
LECT ___ @\$0/each = \$ _____		
Registration Fee Total		\$

FUNCTIONS

Wednesday		Thursday		Friday		Saturday		Sunday	
Function Code	Fee	Function Code	Fee	Function Code	Fee	Function Code	Fee	Function Code	Fee
Sub Total	\$	Sub Total	\$	Sub Total	\$	Sub Total	\$	Sub Total	\$

- Check** made payable to Optometry's Meeting® (U.S. dollars only)
 Credit Card Card Type: MasterCard Visa American Express

Name on Card: _____

Card Number: _____ Expiration Date: _____

Security Code: _____

(Three-digit code found on the back of your MasterCard or Visa. Four-digit code found on the front of your American Express.)

Signature: _____

The AOA has the authority to adjust the amount charged to my credit card if the total of all functions is not correct.

Function Total For All Days	\$
Registration Fee Total From Above	\$
GRAND TOTAL	\$

(Function Total plus Registration Fee Total equals Grand Total)

Mail completed registration form and payment in envelope supplied to:

**American Optometric Association
 Optometry's Meeting® - Registrar
 243 N. Lindbergh Blvd., Floor 1
 St. Louis, MO 63141-7881**

