

PRE-REGISTRATION FORM
NC STATE OPTOMETRIC SOCIETY
ANNUAL SPRING CONGRESS
June 4-6, 2010

PLEASE TYPE OR PRINT LEGIBLY

Name _____ NC License # _____ First Name for Badge (if different) _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____ E-Mail Address _____

REGISTRATION	<u>By 4/30</u>	<u>By 5/30</u>	<u>On-Site</u>	<u>TOTAL DUE</u>
NCSOS** <u>OR</u> AOA Member Rate AOA # _____	\$355	\$385	\$410	\$ _____
NON-Member Rate	\$570	\$600	\$625	\$ _____

****Dues must be paid through 2nd quarter**

Registration includes Education Courses and Saturday Night Event

FRIDAY EVENING FAMILY EVENT

PLEASE INDICATE NUMBER PLANNING TO ATTEND - NO TICKETS REQUIRED

OD Attending # _____ Age 3 through 11 # _____
 Non-OD Age 12/Over # _____ Under Age 3 # _____

NO CHARGE

SATURDAY EVENING AWARDS RECEPTION TICKETS

Saturday Evening Event Non-OD Tickets # _____ @ \$40.00

\$ _____

PAYMENT METHOD

Please fax to 252-237-9233
Visa, MC or Discover Card Number

_____ / _____ / _____ / _____

Exp. Date: ____ / ____ 3-Digit Code: _____

Name and billing address for card (required)

TOTAL DUE:

\$ _____

Check # _____

Please mail to:
NCSOS
P. O. Box 1206
Wilson, NC 27894
252-237-9233 - Fax