

**REGISTRATION FORM
OPTICIANS ASSOCIATION OF ARKANSAS
SPRING OPTICIAN'S CONFERENCE
March 12-14, 2010
EMBASSY SUITES, LITTLE ROCK, ARKANSAS**

NAME _____

DISPENSARY _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

	BEFORE 3/01/10	AT DOOR	AMOUNT ENCLOSED
FULL REGISTRATION			
MEMBERS*	\$50.00	\$80.00	_____
NON-MEMBER	\$150.00	\$180.00	_____
SATURDAY ONLY			
MEMBERS*	\$30.00	\$60.00	_____
NON-MEMBER	\$110.00	\$140.00	_____
SUNDAY ONLY			
MEMBERS*	\$20.00	\$50.00	_____
NON-MEMBERS	\$100.00	\$130.00	_____
GUEST TICKET	\$25.00	\$50.00	_____

GUEST NAME _____

TOTAL ENCLOSED _____

_____ **I WILL ATTEND ESSENTIAL OF MANAGEMENT**

_____ **I WILL ATTEND OPTICAL REVIEW**

We need to know how many workbooks to prepare

COMPLETE AND RETURN THIS FORM TO: Optician Association of Arkansas
P. O. Box 1
Lexa, Ar. 72355
PHONE: 601-954-1278 (C)

EMBASSY SUITES 1-800-362-2779

RESERVATION CUT OF DATE 2/15

