



"A Vintage Year For Optometry"

Oklahoma Association of Optometric Physicians

Annual Spring Congress

March 26-27, 2010



Register Online for the Meeting and Hotel at www.aoop.org

Sheraton Midwest City at the Reed Conference Center
5750 Will Rogers Road, Midwest City (I-40 & Sooner Rd)
Hotel Reservations Call (800) 325-3535 or www.aoop.org

MAIL-IN OR FAX REGISTRATION - No Registrations will be taken over the phone.

(Advance payment due by March 8, Regular payment due before March 19. Registration includes Judicious Prescribing.)
Please mark the appropriate boxes and list one doctor per registration. Copy this form for additional registrants.

Doctor Name _____ Phone(____) _____ Email: _____
Please Print

Mailing Address _____ City _____ State _____ Zip _____

Mark appropriate spaces:	Advanced Registration	Before March 19	After March 19 or On-site	<i>Amount Pd.</i>
____ Doctor Registration	\$315	\$365	\$465	_____
____ Licensed 2007 & after ____ Retired ____ F/T Faculty	\$215	\$265	\$315	_____
Non-AOA member, Add \$200 to above prices		\$ 200		+ _____
____ OAOP Student ____ Resident	N/C	\$ 20	\$ 35	_____
Non-AOA Student/Resident member, Add \$35		\$ 35		+ _____
____ Judicious Prescribing Only	\$ 95	\$105	\$135	_____
Non-AOA member, JP Only, Add \$75		\$ 75		+ _____
____ CME Breakfast** (Limit 75, Registered ODs only)	\$ 20	\$ 20	\$ 20	_____
**A \$20 refund will be provided as you leave class. This is to ensure that ample food is provided.				
____ CPR (limit 20)	\$ 50	\$ 50	\$ 50	_____
____ Extra Tickets for Awards Luncheon on Saturday	\$ 35	\$ 35	\$ 35	_____
____ Sponsor for one optometry student	\$ 50	\$ 50	\$ 50	_____
Assistants (Rates are based on your doctor's membership status with the AOA.)	\$150	\$185	\$210	_____
Non-AOA Doctor, Assistants Add \$50 each		\$ 50		+ _____
1) _____ 2) _____ 3) _____				
4) _____ 5) _____ 6) _____				

(Please designate appropriate certification: CPO, CPOA, CPOT, ABOC, NCLC)

*****I would like to contribute to reduce the OAOP office mortgage*****

Coupon Promotional Code: _____ - _____
(One-time use)
Total Amount Paid _____

Credit Card# (Visa or MC) _____ Exp. Date _____ VIN # _____
Name on Card: _____

(NOTE: A refund will be considered upon receiving a **written request** March 19, 2010. A processing fee of \$25 per person applies to all refunds.)

Return form to OAOP Office, 4850 N. Lincoln #A, Oklahoma City, OK 73105 or fax to (405) 524-1077
Make your reservations at the Sheraton Midwest City online at www.aoop.org or
By calling 1-800-325-3535 by March 8, 2010 to receive the special room rate of \$120 per night!