## **OPTICIANS ASSOCIATION OF ALASKA**

CONVENTION 2017 MAY 5TH-MAY 6TH

Coast International Inn Anchorage, Alaska Registration Form

NAME:				
MAILING ADDRESS: _				
CITY AND ZIP				
PHONE (HOME):	PH	ONE (DAY):	EM	AIL:
EMPLOYER:				LICENSE #:
		REGISTRATIO (Choose only <u>C</u>		
OPTION A				
Deluxe Breakfast bo 1 year membership		now luncheon. ociation of Alaska.		
<b>Licensed Optician</b> After April 15 <sup>th</sup> Day of Convention	\$285.00			
<b>Apprentice</b> After April 15 <sup>th</sup> Day of Convention	\$230.00			
OPTION B				
The fee is \$40.00 pe	er CE hour.	n a "classes only" ba		
Reception and/or	Trade Show Entr	ance only for your	rself or a non att	tending guest; \$25.00
Name of attendee o	r guest			
<b>OAAK MEMBERSH</b> One year membersh		cians Association of /	Alaska Does not in	clude National Association due
Licensed Optician \$3	125.00	Apprentice	\$85.00	
<u>ME</u>	THOD OF PAYMENTS	(NO AMEX OR	DISCOVER)	Security Code
	SIGNATURE	<b>:</b> :		

IF YOU ARE PAYING BY CREDIT CARD, YOU MAY FAX YOUR REGISTRATION ATTN: ANGELA HAWK 907-474-0400

OR MAIL WITH PAYMENT TO:

OPTICIANS ASSOCIATION OF ALASKA

C/O ANGELA HAWK

PO BOX 10877

Fairbanks, AK. 99710