

All courses will be held on campus at SUNY Optometry.

<p>Saturday, October 24th, 2009</p> <p>8:45 am <input type="checkbox"/> A1 or <input type="checkbox"/> A2 <small>Please check ONLY one.</small></p> <p>10:00 am <input type="checkbox"/> A3 or <input type="checkbox"/> A4 <small>Please check ONLY one.</small></p> <p>1:00 pm <input type="checkbox"/> A5 or <input type="checkbox"/> A6 <small>Please check ONLY one.</small></p> <p>3:15 pm <input type="checkbox"/> A7 or <input type="checkbox"/> A8 <small>Please check ONLY one.</small></p>	<p>Sunday, October 25th, 2009</p> <p>8:45 am <input type="checkbox"/> B9 or <input type="checkbox"/> B10 or <input type="checkbox"/> B11 <small>Please check ONLY one.</small></p> <p>10:00 am <input type="checkbox"/> B12 or <input type="checkbox"/> B13 or <input type="checkbox"/> B14 or <input type="checkbox"/> B15 <small>Please check ONLY one.</small></p> <p>1:00 pm <input type="checkbox"/> B16 or <input type="checkbox"/> B17 or <input type="checkbox"/> B18 or <input type="checkbox"/> B19 <small>Please check ONLY one.</small></p> <p>3:15 pm <input type="checkbox"/> B20 or <input type="checkbox"/> B21 or <input type="checkbox"/> B22 <small>Please check ONLY one.</small></p>
<p>Monday, October 26th, 2009</p> <p>8:45 am <input type="checkbox"/> C23</p> <p>11:00 am <input type="checkbox"/> C24</p> <p>2:00 pm <input type="checkbox"/> C25</p>	<p><input type="checkbox"/> My OE Tracker # is _____ (www.arbo.org)</p> <p><input type="checkbox"/> I am a SUNY alum. Year _____</p> <p><input type="checkbox"/> I have a Florida license: # _____</p> <p><input type="checkbox"/> Please send _____ Transcript Quality (TQ) exams to me after the conference. (See page 4 - fees due upon exam submission.)</p>

COCKTAIL RECEPTION

Saturday, October 24th (see page 4)

I will **NOT** attend I **WILL** attend

Guests: _____

(You must list guest/children names)

- ENY Full Conference:** \$ 450
 - CE 2-day pass:** \$ 375
 - CE 1-day pass:** \$ 210
 - CE "A la Carte":** \$40 per hour
- _____ # of hours x \$40 = \$ _____

Cocktail Reception:

- Full Conference** **FREE**
 - Alumni Reunion Year** **FREE**
 - _____ Attending x \$25 \$ _____
 - _____ Children x \$5 \$ _____
(16 & under)
- Total Due: \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____

Email: _____

Please specify any dietary needs: _____

- Check payable to SUNY Optometry
- MasterCard Visa Discover Amex

Security Code: _____

Card number _____ Exp. date _____ / _____

DEADLINE:

Friday, October 9th.

A \$50 late fee will be assessed to any registration received after this date.

Continuing Professional Education
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