

Registration

NROC Annual Conference - - July 22 - 24, 2010 - - Jackson Hole, Wyoming

Doctor Name: _____ Your ARBO OE Tracker # _____

Office Address: _____

Street City St Zip

Office phone: _____ Home phone: _____

Doctor Registration

_____ **\$430 Early registration.** (Must be received by July 1) Registration includes 17 hours CE, exhibit hall reception, lunch, breaks.

_____ **\$470 Late registration.** Postmarked after July 1 or on site registration.

I am a member of the Wyoming _____, Idaho _____, Montana _____ optometric association.

I am a member of the AOA _____ Member # _____

_____ **\$700 Non-member registration.** Doctors who do not belong as dues paying members of either the AOA or the state optometric associations of Wyoming, Montana or Idaho.

_____ **\$30 July 22 Guest exhibit hall reception pass.** No one will be admitted to the exhibit hall without a badge or guest pass. (Children under 5- no charge)

\$ _____ **Total Doctor Registration**

Paraoptometric Registration

Name/s _____

Address _____ City _____ St _____ Zip _____

\$ _____ **\$190 Early Registration.** Must be received by July 1 .

Includes paraoptometric education, exhibit hall reception, lunch, breaks.

_____ **\$210 Late or at conference registration.** (Received after July 1)

_____ **\$ 30 July 22 Exhibit Hall Reception Pass** Only necessary for non-registered persons.

\$ _____ **Total Paraoptometric Registration**

\$ _____ **Total all registrations (Doctor & Paraoptometric). Make check payable to :
NROC, 716 Randall Avenue, Cheyenne, WY 82001**

Sorry, NROC does not accept credit cards.

Paraoptometric Registration

Doctor Registration

