

# OP REGISTRATION FORM

Only one form is necessary for each office, and it can be photocopied to accommodate additional registrants in your office.

1. OFFICE CONTACT				2. METHOD OF PAYMENT		
Name				I am paying by:		
Company				<input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER CARD <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> CHECK (payable to SECO International) CHECK # _____		
Mailing Address ( <input type="checkbox"/> Business <input type="checkbox"/> Residence )		Suite / Apt.				<b>\$</b>
City		State	Zip Code	Country	Card #	Expiration Date
Office Phone		Ext.	Fax	Printed Name		
Email				Signature		
				<small>Signature indicates approval for charges to your account.                      All transactions are final. Full payment must accompany registration; payment must be made in US funds. Visit secointernational.com for complete purchase policy details.</small>		
Card Holder's Billing Address		<input type="checkbox"/> Same as Above		<input type="checkbox"/> Other		
Street Address						
City		State	Zip Code	Country		

SECO International may record part or all of this event. Registration and attendance to this event constitutes an agreement by the registrant with SECO International to use and distribute photographs or audio or video recordings made of the registrant during this event.

In accordance with the Physician Payment Sunshine Provisions included in the Patient Protection and Affordable Care Act (PPAC) of 2009, SECO is required to report attendance registration information for any SECO 2017 continuing education courses which are in part supported by grant funding from eye care companies and provide a meal. SECO recommends all attendees stay up to date on their state's regulations and interpretations of the PPAC.

## À-La-Carte Package

**AOP**
**CATEGORY C1**

Early Registration

**\$147**

Registration

**\$197**

## All-Inclusive Package

**AOP**
**CATEGORY C3**

Early Registration

**\$247**

Registration

**\$297**

Course tickets are required for all courses. Please be sure to indicate your course selections on the back of this form.

### Children

**CATEGORY H1**

**FREE**

18 years or younger

### Exhibit Hall Only

**AOP**
**CATEGORY C2**

**GUEST CATEGORY G2**

**\$25**

### Social Event Package

**CATEGORY G1**

**\$100**

