



**Saturday, November 2 – Sunday, November 3
Gaylord National Resort | National Harbor, MD**

REGISTRANT INFO

Full Name/Credentials: _____

MOA Member: Yes No

Name to appear on badge (if different from above): _____

License # | State _____ | _____

OE Tracker # _____

Practice Address: _____

Phone Number: _____

Email: (NOTE: meeting details and lectures notes will be sent here)

Dietary Restriction(s): None Kosher Gluten Free Lactose Intolerant Vegetarian

PAYMENT INFO

- MOA Member - \$595 MOA Member 2-day WiFi
 Non-Member - \$995 Non-Member 2-day WiFi - \$20
 Victory Party (Conference Attendee) - \$0
 Victory Party (Guest) - \$50

Payment Method: Credit Card Check/Money Order Enclosed (Made Payable to MOA)

Name on Card: _____

Billing Address (if different from above): _____

Acct.# _____

Exp. Date: _____ CV2# _____

My signature below acknowledges that I hereby authorize Maryland Optometric Association to process my payment in the amount of \$_____.

Signature: _____

Send Completed Registration Form (via hard mail or fax) to:

Maryland Optometric Association
PO BOX 350, Stevenson, MD 21153
P: 410-486-9662 F: 443-378-8845

Questions: info@marylandoptometry.org

Cancellation Policy:

A refund of registration fees, less a 20% administrative charge per person will be granted upon written request if postmarked prior to October 3, 2019. A 50% refund of registration fees will be granted upon written request thereafter if postmarked prior to October 28, 2019. No refunds after October 28, 2019.