

# CE IN THE ROCKIES

## CE REGISTRATION FORM

July 20 - 23, 2017

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (Office): \_\_\_\_\_ Email: \_\_\_\_\_

State(s) Licensed & License Number(s): \_\_\_\_\_  
OE Tracker Number: \_\_\_\_\_ UHCO Alumni Class (if applicable) \_\_\_\_\_

## REGISTRATION FEES

Number of Hours	Early Bird Fee (postmarked on or before June 28, 2017)	Regular Fee (postmarked after June 28, 2017)
4	<input type="checkbox"/> \$170	<input type="checkbox"/> \$185
6	<input type="checkbox"/> \$230	<input type="checkbox"/> \$245
10	<input type="checkbox"/> \$345	<input type="checkbox"/> \$360
12	<input type="checkbox"/> \$370	<input type="checkbox"/> \$380
16*	<input type="checkbox"/> \$450	<input type="checkbox"/> \$495
20*	<input type="checkbox"/> \$525	<input type="checkbox"/> \$550

**\*16 and 20 Hour Registration Fee Includes:**

16 or 20 hours of live continuing education, plus the 1 hour online Professional Responsibility Course provided online. Contact the CE office at 713.743.1900 for complete details.

**Walk-in registrations are accepted at most programs;  
however, an additional fee will be applied**

- \$10 - YES**, I would like to contribute \$10 towards UHCO student activities (White Coat Ceremony, Spring Awards Banquet, etc.)

I plan on attending the following day(s):

- Thursday Evening (4 Hours)  
 Friday Morning (6 Hours)  
 Saturday Morning (6 Hours)  
 Sunday Morning (4 Hours)

Do you plan to attend the Beer, Chili, & Ice Cream Dinner on Thursday from 4:00pm to 5:30pm?

- Yes \_\_\_\_\_ adults \_\_\_\_\_ children  
 No

Do you plan to attend the Alumni & Friends Picnic on Saturday from 6:00 pm to 8:00 pm?

- Yes \_\_\_\_\_ adults \_\_\_\_\_ children  
 No

Do you require a special meal request?

- Vegetarian  
 Vegan

## PAYMENT INFORMATION

- CHECK** - I am enclosing a check in the amount of \$ \_\_\_\_\_ payable to the *Foundation for Education and Research in Vision (FERV)*. The Check number is \_\_\_\_\_.

- CREDIT CARD INFORMATION** - Please Charge \$ \_\_\_\_\_ to my:  Amex  MasterCard  VISA

Name (as it appears on the card): \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Address (if different from above) - Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Security Code (Required): \_\_\_\_\_  
**Visa or MasterCard:** 3 digit code printed on the signature panel on the back of the card.  
**AMEX:** 4 digit code printed just above the credit card number on the front of the card.

Photos may be taken during University of Houston College of Optometry Continuing Education events. Such photos will be obtained for UHCO use and may be included in informational and/or marketing materials.

To register for continuing education contact:

UHCO - OFFICE OF OPTOMETRY RELATIONS (CE DEPT.): 4901 Calhoun Road, Houston, TX 77204-2020  
713.743.1900 Tel 713.743.2046 Fax [optce@central.uh.edu](mailto:optce@central.uh.edu) Email <http://ce.opt.uh.edu> Web