

AOP REGISTRATION FORM

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

SECO2018

WHERE SIGHT MEETS VISION
FEB. 28-MAR. 4 | ATLANTA, GA

AttendSECO.com

1. OFFICE CONTACT

2. METHOD OF PAYMENT

Name				I am paying by:				
Company				<input type="checkbox"/> AMERICAN EXPRESS				
Mailing Address (<input type="checkbox"/> Business <input type="checkbox"/> Residence) Suite / Apt.				<input type="checkbox"/> DISCOVER CARD				
				<input type="checkbox"/> MASTERCARD				
City		State	Zip Code	Country		Card #	Expiration Date	Grand Total
Office Phone		Ext.	Fax	Printed Name				
Email				Signature				
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 2018 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.

A-La-Carte Package

AOP CATEGORY C1

Early Registration
\$147

Registration
\$197

All-Inclusive Package

AOP CATEGORY C3

Early Registration
\$247

Registration
\$297

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

