

VISION CANADA 2017

ON-SITE REGISTRATION FORM

November 4 & 5 @ Hyatt Regency Calgary, AB

One registration form per registrant. Please PRINT CLEARLY.

REGISTRANT INFORMATION:

First Name* _____ Last Name* _____

Check One*: Optician Optometrist Opt. Assistant Student Supplier Media Other | License or Student #* _____

School (if student) _____

Business Name (if providing business address) _____

Address* _____

City & Province* _____ Postal Code* _____

Daytime Phone #* _____ Email* _____

Bringing a Guest(s)? Your guest(s) require a name tag to enter the Trade Show. Guests may NOT attend lectures. Guest name tag(s) will be included in your registration package for pickup at the registration desk on-site at Vision Canada.

Guest Name (s) (First & Last) _____

How did you hear about Vision Canada? Email Fax Social Media (Facebook, Twitter...) Website Referral Other

REGULAR ON-SITE REGISTRATION OPTIONS

By registering, you agree to the Terms & Conditions of Registration

	OAC Member Price	Non-OAC Member Price	TOTAL
Full Weekend Registration	<input type="checkbox"/> \$175.00 + \$8.75 GST = \$183.75	<input type="checkbox"/> \$275.00 + \$13.75 GST = \$288.75	\$ _____
Saturday Registration	<input type="checkbox"/> \$125.00 + \$6.25 GST = \$131.25	<input type="checkbox"/> \$200.00 + \$10.00 GST = \$210.00	\$ _____
Sunday Registration	<input type="checkbox"/> \$125.00 + \$6.25 GST = \$131.25	<input type="checkbox"/> \$200.00 + \$10.00 GST = \$210.00	\$ _____
Trade Show (TS) Only Registration (does not include lunch)			No Charge

STUDENT ON-SITE REGISTRATION OPTIONS

By registering, you agree to the Terms & Conditions of Registration

Full Weekend Student Registration (does not include lunch) No Charge

ADDITIONAL FEES: (if required)

Lunch Tickets per day for Students, TS Only or Guests - \$35.00 each Check Day(s): Saturday ____ Sunday ____ \$ _____

PAYMENT OPTIONS: Cheque Money Order VISA Mastercard Cash TOTAL PAYMENT \$ _____

CREDIT CARD # _____ Expiry Date _____ CVV # _____

Name of Cardholder _____ Signature _____

I have read and agree to the Terms and Conditions, and I authorize the Opticians Association of Canada to charge my credit card in the amount of \$ _____

CHEQUES & MONEY ORDERS MUST BE MADE PAYABLE TO "VISION CANADA"

GST number 12325 5028 RT0001

WWW.VISION-CANADA.CA