



NAME \_\_\_\_\_

## 4. REGISTER YOUR SPOUSE

Spouses and children may not attend continuing education courses. Children remain the responsibility of the legal parent or guardian at all times. You may register children to attend SECO 2011 by either registering online or contacting the Registration Department at 770.452.0600.

Spouse \_\_\_\_\_ Badge Name \_\_\_\_\_

### Optometry's Marketplace at SECO™ Exhibit Hall

- 3-Day Admission with Social Events Package . . . .  \$100
- 3-Day Admission Only . . . .  \$25
- FRI 12:00-2:00 PM ECP Fellowship Lunch . . . .  \$10
- SAT 12:00-2:00 PM SECO Exhibit Hall Lunch . . .  \$10

SUBTOTAL SECTION 4

## 5. CHOOSE YOUR EVENT MATERIALS

\$50 I WANT TO PURCHASE A COPY OF THE COURSE PAPERS HANDBOOK FOR MY EDUCATION PROGRAM (you may purchase a bound copy of the course handouts for the education program for which you are registered, either the OD or AOP; handouts may NOT be purchased on-site)

~~\$150~~ **\$125 Pre-Reg!** I WANT TO PURCHASE A COPY OF AUDIO RECORDING CD-ROMs FOR THE AOP EDUCATION PROGRAM (SECO records select education courses and produces an audio CD-ROM collection of the recordings)

~~\$150~~ **\$125 Pre-Reg!** I WANT TO PURCHASE A COPY OF AUDIO RECORDING CD-ROMs FOR THE OD EDUCATION PROGRAM (SECO records select education courses and produces an audio CD-ROM collection of the recordings)

~~\$240~~ **\$200 Pre-Reg!** I WANT TO PURCHASE A COPY OF AUDIO RECORDING CD-ROMs FOR BOTH EDUCATION PROGRAMS (SECO records select education courses and produces an audio CD-ROM collection of the recordings)

SUBTOTAL SECTION 5

## 6. APPLY DISCOUNTS

SECO International offers several discounts and incentives. Visit [www.seco2011.com](http://www.seco2011.com) to learn more about discounts & incentives available. Terms and conditions apply to discounts and incentives.

Discount \$

### Continuing Education Program

Enter code for SoCO Member, multiple AOP, or special discount \_\_\_\_\_

### Optometry's Marketplace at SECO™

Provide company name for \$25 referral discount (*exhibit hall only attendees*) \_\_\_\_\_

SUBTOTAL SECTION 6

## 7. TOTAL

1. Add sections 2-5
2. Deduct section 6 (if applicable)
3. Enter total in space to the right

*SECO reserves the right to amend incorrect total calculations.*

TOTAL \$

TOTAL

## 8. PAYMENT INFORMATION

I am paying by:  CASH / MONEY ORDER  CHECK (payable to SECO International) CHECK # \_\_\_\_\_  
 AMERICAN EXPRESS  DISCOVER CARD  MASTERCARD  VISA

Name on Card \_\_\_\_\_

Billing Address  The billing address is the address from Section 1 \_\_\_\_\_ Suite / Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Card # \_\_\_\_\_ Expiration \_\_\_\_\_

### Policies

All transactions are final. Full payment must accompany registration; payment must be made in US funds. SECO prohibits the refund of course admission tickets after purchase. Visit [www.seco2011.com](http://www.seco2011.com) for complete purchase policy details.

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.

## 9. TELL US ABOUT YOURSELF

### In what type of organization are you employed?

- Independent Optometric Practice
- Multidisciplinary Practice
- Independent Opticianry Chain, 1-5 locations
- Independent Opticianry Chain, 6-10 locations
- Independent Opticianry Chain, 10+ locations
- Retail Optical Chain, 1-5 locations
- Retail Optical Chain, 6-10 locations
- Retail Optical Chain, 10+ locations
- Retail Optical Chain, 10+ locations
- Superstore Outlet
- Student
- Government
- Other (Please specify) \_\_\_\_\_

### How many employees are in your practice?

- 1-3 employees
- 4-7 employees
- 7-10 employees
- More than 10 employees

### Optometry School

School Name (Abbrev.) \_\_\_\_\_  
 Year Graduated \_\_\_\_\_

### If you hold an allied professional certification, what certification do you hold?

- ABO
- JCAHPO
- CPO
- NCLE

In case of emergency, please contact: Name \_\_\_\_\_ Phone \_\_\_\_\_