

MOA MEMBER “ANNUAL” CONFERENCE REGISTRATION
December 2-4, 2016 — Sable Oaks, So. Portland, Maine (Room block ends 11/1)
Hotel Reservations Call: 800-752-8810—Register Online at www.MaineEyeDoctors.org

Mail or fax to: Maine Optometric Association, 4946 Colonnades Circle E, Lakeland, FL 33811
 For Further Information Contact: Joann Gagne, Administrative Executive P: 207-626-9920 Fax: 207-512-1211
 Email: moa.office@tampabay.rr.com (all lower case) Website: www.MaineEyeDoctors.org

NAME: _____ :

ADDRESS: _____ CITY/State/Zip: _____

PHONE #: _____ EMAIL : _____

Days of Conference	Fri. # hrs.	Sat. # hrs.	Sun. # hrs.	Total # hrs.	Total \$. Due
MOA Member/MOA Affiliate \$20 per CE hr.				___ X \$20	\$
Staff of MOA Member \$10 per CE hr. (Staff must pay the registration fee also.)				___ X \$10	\$
Saturday Lunch for Guests \$20 ea. guest				___ X \$20	\$
Additional CEE REGISTRATION FEE if you need test MOA & AOA MEMBERS Only		One TEST	One TEST	Add to total	\$30 (For 1) \$40 (For 2)
Nonrefundable Registration Fee \$35 Until November 7, 2016 (Fee required for each person attending – staff or member)				Add to Total	\$35.00
Late Nonrefundable Registration Fee \$50 After November 7, 2016				Add to Total After 11/7	\$85.00
On Site Nonrefundable Registration Fee \$100 December 2,3,4, 2016				Add to Total During Conference	\$135.00
Total Due MOA					\$
INSTALLATION BOWLING!!! Members may attend BAYSIDE BOWL for a fun night!!!	YES I'll Attend	NO, Sorry I can't make it.	Yes I have ONE GUEST.		

Payments must be received at time of registration or a late fee may be assessed.

Check No: _____ OR VISA/MC/Discover# _____ Exp. DATE: _____

Email required for CC purchase _____

PLEASE NOTE: CANCELLATION POLICY: If you can not attend, notice to cancel must be given to the MOA Office 24 hours before the start of the conference to receive a refund on CE hours. **NO REFUNDS GIVEN DURING THE EVENT – NO EXCEPTIONS.** The MOA retains the right to refuse a registration if it does not meet the goals of the association.