

REGISTRATION FORM

Opticians Association of Virginia 2019 Fall Spring Conference

May 4-5, 2019 — Holiday Inn Express Richmond Airport

Name _____
Company Name for Badge _____
Address _____
City _____ State _____ Zip _____ Fax _____
Daytime Phone _____ E-mail _____



REGISTRATION PACKAGES

After April 12, 2019 please add \$25 per package

| | | |
|--|-------------------------|----------|
| FULL REGISTRATION (Saturday—Sunday): Includes all activities for Saturday and Sunday | OAV MEMBER \$125 | |
| | NON MEMBER \$155 | \$ _____ |
| SATURDAY ONLY: Includes all activities for Saturday | OAV MEMBER \$75 | |
| | NON MEMBER \$90 | \$ _____ |
| SUNDAY ONLY: Includes all activities for Sunday | OAV MEMBER \$75 | |
| | NON MEMBER \$90 | \$ _____ |
| MEMBERSHIP RENEWAL OR NEW MEMBERSHIP | \$125 | \$ _____ |
| Student Registration _____ check here (Does not include ABO review, register online) | \$0 | \$ _____ |
| Lunch Only (For students and guests) - \$30 | \$30 | \$ _____ |

Cancellations must be received by **April 12, 2019** FOR FULL REFUND
Mail completed registration form and check payable to:
OAV, 1011 East Main Street, Suite 400, Richmond, VA 23219
Credit card registrations may be faxed to: **804-228-4501**
All further questions may be answered by calling
866-734-9251 / 804-228-4503 or oav@vaopticians.org
Register online at www.vaopticians.org/register

\$25 LATE FEE (after April 12, 2019) \$ _____

GRAND TOTAL \$ _____

REGISTER BY CREDIT CARD (VISA/MC)

Name on Credit Card _____ Credit Card # _____ Exp. date _____
Signature _____ Billing Zip _____ CVV _____

Must provide e-mail address or fax number to receive confirmation that will be sent two weeks prior to convention.



Opticians Association of Virginia

Membership Application

Active Membership is open to all Opticians licensed by the State of Virginia. Dues are \$125 for a 12-month membership. Please include a check made payable to the **Opticians Association of Virginia** and mail it to OAV, 14 N. 8th Street, Richmond, VA 23219. For instructions on paying by credit card see below.

Name: _____

Billing Address: _____
(Where all correspondence is sent)

City: _____ State: _____ Zip: _____

Home Phone: _____ Day Phone: _____

E-mail: _____

VA Opticians License #: _____ Birthdate: (mm/dd) _____

Employer: _____ Check if address is same as billing address

Employer Address: _____

City: _____ State: _____ Zip: _____

Type of Employment:

- | | | |
|--|--|--|
| <input type="checkbox"/> Independent Owner | <input type="checkbox"/> Employee of Independent | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Employee of O.D. | <input type="checkbox"/> Employee of M.D. | <input type="checkbox"/> Employee of Chain |
| <input type="checkbox"/> Student/Intern | <input type="checkbox"/> Other _____ | |

Type of Membership: Active \$125 Affiliate \$60
 Associate (Student/Intern) No Charge

Referred By: _____

I agree to abide by rules and conditions of membership as set forth in the Bylaws of the Opticians Association of Virginia.

Signature: _____ Date signed: _____

Credit Card Payments

Print name that appears on card: _____

Card Number: _____ Expiration: _____ CVV _____

Signature: _____