



March 12-14, 2010

Dallas, Texas

DOCTOR'S REGISTRATION

REGISTER ONLINE AT www.SWCO.org or copy this form, once for each person registering and fill it out and then fax to 1-713-743-6541. For More Information Call: 1-713-743-1856

Registrant _____

Office Phone _____ Office Fax _____

Office Address _____

City, State, Zip _____

E-Mail Address _____

State(s) of Licensing # _____ State _____ # _____ State _____ # _____ State _____

REGISTRATION CATEGORIES

Fee includes all Congress Functions and a chance to win a TelScreen EyeRes Digital Imaging System.

	Early (Up to Feb 14 th)	Online (Feb 15 th -Mar 7 th)	Onsite (After Mar 7 th)
<input type="checkbox"/> State Association Affiliate	\$445	\$545	\$575
<input type="checkbox"/> Non-Affiliate	\$545	\$645	\$675
<input type="checkbox"/> Military	\$248	\$248	\$278
<input type="checkbox"/> Full-Time Faculty/Resident O.D.	\$248	\$248	\$278
<input type="checkbox"/> Full-Time Optometry Student	Free	Free	Free
School _____	\$35	\$35	\$35
<input type="checkbox"/> Exhibit Hall Only (Doctor, Spouse, Children 12 & over)	per person	per person	per person
Doctor Spouse Name _____	Includes "Lunch on SWCO"		
Name/s _____			
<input type="checkbox"/> Additional EyeRes TelScreen Drawing Tickets	\$50 each	\$50 each	\$50 each
<input type="checkbox"/> Sunday Only	\$150	\$150	\$180
<input type="checkbox"/> IMPROV Tickets (Adults Only)	\$20	\$20	\$20

AOA # _____

Refund Policy: If you are unable to attend the 2010 SWCO Conference after registering, Please send a written request for reimbursement within 1 week of the Conference.

(A processing fee of \$40 per person applies to refunds)

Visa Mastercard Check (Mail In) **Total** _____

Account # _____ Exp. Date _____

Signature _____

EARLY PRE-CONGRESS REGISTRATION THROUGH THIS OFFICE MUST BE RECEIVED BY FEBRUARY 14, 2010
(Your check or credit card type and number must be enclosed)

A mailed in registration for SWCO Congress must be post marked no later than March 1st to assure proper crediting of payments.

PLEASE RETURN THIS FORM TO:

SWCO
505 J. Davis Armistead Bldg.
Houston, TX 77204-2020

OR FAX TO: 1-713-743-6541