



March 12-14, 2010

Dallas, Texas

PARAOPTOMETRIC'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 (#1) _____

Professional Title (Mark "X" if certified)

CPOT CPOA CPO ABOC NCLE Other

Registrant (#2) _____

Professional Title (Mark "X" if certified)

CPOT CPOA CPO ABOC NCLE Other

Employer _____

Office Phone _____ Office Fax _____

Office Address _____

City, State, Zip _____

E-Mail Address _____

REGISTRATION CATEGORIES

Fee includes all Congress Functions

	Early (Up to Feb 14 th)	Online Feb 15 th -Mar 7 th	Onsite (After Mar 7 th)
<input type="checkbox"/> Save \$50 for the 1st Registrant (Register by February 14th)	\$175	\$195	\$225
<input type="checkbox"/> Each Additional Registrant from the same office	\$125	\$145	\$175
<input type="checkbox"/> Sunday Only	\$95	\$95	\$125
<input type="checkbox"/> IMPROV Tickets (Adults Only)	\$20	\$20	\$20

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 \$35 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)

Registration for SWCO Congress AFTER FEBRUARY 14TH, MUST BE ONSITE OR ONLINE.

PLEASE RETURN THIS FORM TO:

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

OR FAX TO: 1-713-743-6541