



CONTACT LENS
SOCIETY
OF AMERICA

MEETING REGISTRATION FORM

2008 CLSA Annual Education Meeting March 5-8, 2008 Hotel InterContinental • New Orleans, Louisiana



Name _____ Nickname for Badge _____

Company Name _____

Address _____

City/State/Zip _____

Daytime Phone _____ Fax Number _____

Email _____

Guest/spouse complimentary badge, for exhibit hall only

Name _____ Nickname for Badge _____

Registration Fees

Full Registration Fee includes General Sessions and all Courses beginning on Thursday and continuing through Saturday, Luncheon with the exhibitors, the *Kevin Tuohy Luncheon & Lecture*, and the *Annual Banquet* on Saturday.

Full Registration Fee \$395.00 = _____

Registration Fee for Additional Members
from Same Company/Office \$345.00 = _____

Non-Member Full Registration Fee \$525.00 = _____

Weekend Registration Fee includes the Friday program and all courses on Saturday, The *Kevin Tuohy Luncheon & Lecture*, and the *Annual Banquet* on Saturday.

Weekend Registration Fee \$345.00 = \$ _____

Non-Member Weekend
Registration Fee \$455.00 = \$ _____

Special Events

CLSA Golf Tournament \$100.00 = \$ _____

TOTAL (U.S. dollars drawn on a U.S. bank) \$ _____

Payment Information

Enclosed is my check made payable to Contact Lens Society of America (for total amount shown above)
\$ _____

Bill my credit card:

Billing Name _____

Billing Address (if different than above) _____

City/State/Zip _____

American Express Discover MasterCard VISA

Card Number _____ Exp. Date _____

Signature _____

Course Registration

Individual courses must be pre-registered.
General Sessions do not require registration.

Thursday, March 6, 2008

- Courses 1-3
- Course 1A
- Course 1B
- Course 1C
- Course 2A
- Course 2B
- Course 2C
- Course 3A
- Course 3B
- Course 3C

Saturday, March 8, 2008

- Courses 4-6
- Course 4A
- Course 4B
- Course 4C
- Course 5A
- Course 5B
- Course 5C
- Course 6A
- Course 6B
- Course 6C

Refund Policy

All Annual Education Meeting cancellations and refund requests **MUST BE IN WRITING** and sent to the CLSA office at 441 Carlisle Drive, Herndon, VA 20170, FAX (703) 437-0727. Cancellations received before February 1, 2008 will receive a full refund. Cancellations received after February 1, 2008 entitle the registrant to a 50% refund. No refunds will be made unless request is received in writing. Refunds will not be made for no-shows.

How to Register

Please return this completed form and make check payable to:

Contact Lens Society of America
441 Carlisle Drive • Herndon, VA 20170
(703) 437-5100 • (800) 296-9776 • FAX (703) 437-0727

If registering by credit card, feel free to FAX your Registration Form to CLSA. Our FAX machine is available 24 hours a day.

**Register for the hotel by calling the
Hotel InterContinental @ (800) 445-6563**
Single/Double \$189. Be sure to mention that you are attending the CLSA Annual Education Meeting.

Hotel reservations must be received at the hotel no later than February 5, 2008. After February 5, 2008, reservations will be accepted on a "space available" basis at the CLSA rate.