



## Georgia Optometric Association Job Fair Registration Form

**Saturday**  
**Oct. 21, 2017 12:00pm**

**The University of Georgia Center for  
Continuing Education & Hotel**

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- ☐ Yes, we would like to reserve a table that our organization will staff.  
\*One table & two chairs will be provided.
- ☐ GOA Member and Partner **(Free)**
- ☐ Non GOA Member \$400.00 **(Fee separate from conference registration)**

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
CVV Code

How many people (total will be attending from your organization)? \_\_\_\_\_  
Will you need access to electrical outlets? \_\_\_\_\_

Completed forms are due by **October 1, 2017** to Georgia Optometric Association:  
Attn: Ms. Kim Hollis Fax: 770-961-9965 or email [Kim@goaeyes.com](mailto:Kim@goaeyes.com)