



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