



Registration

Fill out this registration form and return to CLSA

✉ **By Mail...** 2025 Woodlane Drive, Attn: Membership, St. Paul, MN 55125- 2998

☎ **By Fax...** Fax to (651) 731-0410

Name: _____ Name on badge if different: _____

Company Name (if applicable): _____ Track: ☐ Basic ☐ Advanced

Street: _____

City: _____ State/Province: _____ Postal Code: _____

Phone: _____ Email: _____

Name of other attendees included in this registration:

Name	Email	Basic Track	Advanced Track
1.			
2.			
3.			

☐ \$99 CLSA Member Qty ____ ☐ \$129 Non- Member Qty ____ ☐ \$35 Student Qty ____ Total: \$ _____

*Includes \$94 scholarship from
CLSA Education Foundation*

Payment Method: ☐ Check ☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa ☐ CVFF\$ _____

Business Partner # _____

Card Number: _____ Exp. Date: _____ CVC Code: _____

Cardholder Signature: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

CLSA CONTACT LENS HANDS-ON CLINICAL MEETING

Saturday, April 22, 2017

7:15 a.m. – 4:45 p.m.

Eye Consultants of Northern Virginia, PC8134 Old Keene Mill Rd. #300

Springfield, Virginia 22152