

2010 REGISTRATION FORM

REGISTRANT _____ / _____ / _____
First M.I. Last CERTIFICATION/DEGREE
ADDRESS _____
CITY _____ STATE _____ ZIP _____
DAYTIME PHONE _____ EVENING PHONE _____
CELL PHONE _____ EMAIL _____
EMPLOYER _____ CONTACT PERSON _____

WORKSHOPS

Choose one three-hour workshop or two ninety-minute workshops.

Three Hour Workshops (1:30 – 4:45): (Choose one. Registration unlimited)

Clinical Optics _____ COA Written Exam Review _____

OR

(Choose two workshops in each time slot. Indicate 1st and 2nd choice. Some classes are limited in size.)

Ninety Minute Workshops (1:30 – 3:00)

Coding Seminar _____

Basic OCT _____

In-Office Surgical Procedure _____

Ninety Minute Workshops (3:15 – 4:45)

Contact Lens Fitting _____

Intermediate OCT _____

A-Scans _____

| | |
|--|-----------------------|
| TECH BOWL, Friday, January 29 th | 50.00 _____ |
| CE PROGRAM, Saturday, January 30 th | 175.00 _____ |
| If this registration form is post-marked after 1-20-10, ADD | 15.00 _____ |
| | SUBTOTAL _____ |
| 2010 KATPO members attending the CE Program, SUBTRACT | -50.00 _____ |
| | TOTAL _____ |

Please make checks payable to **KATPO**. Mail check and registration form to:
Marti Reid, 202 Kirk Dr. Nicholasville, KY 40356
There is a \$25 fee for all returned checks.

CONFIRMATION: All registrations will be confirmed by mail. A map to the meeting facility will be included with the confirmation.

No registration fees will be refunded after January 20, 2010.

For more information, contact Mona Carpenter, COMT @ 859-276-3707.

ACCOMODATIONS

For your convenience, a block of rooms has been reserved for meeting attendees at the MARRIOTT GRIFFIN GATE RESORT AND SPA, Newtown Pike, Lexington, KY. **Please make reservations by January 22nd for the special KATPO rate of \$94 per night.** 1-859-231-5100

Room rates are not included in registration fees. Reservations and cancellations are the responsibility of course registrants.

This course has been approved by JCAHPO for 9.5 A credits and .5 B credits