

EyeMed Registration & Payment by Check/Mail

For your security, credit card payments are *only* accepted online. **This form is for CHECKS ONLY.**

To register and pay with a credit card or PayPal account, please go to: www.cfsop.org

Complete, print & mail to: Central Florida Society of Optometric Physicians
 Attn.: Dr. Steve Zorn
 8889 West Colonial Drive
 Ocoee, FL 34761

Include check payable to: Central Florida Society of Optometric Physicians

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Please Print:

REGISTRANT'S NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE (WORK):	PHONE (HOME):	
EMERGENCY MOBILE NUMBER:		
EMAIL ADDRESS:		
AOA/FOA MEMBERSHIP #:	FLORIDA LICENSE NUMBER:	

REGISTRATION FEES:	Received Before September 19th	Received After September 19th	
<input type="checkbox"/> AOA/FOA MEMBER	\$300	\$325	= \$ _____
<input type="checkbox"/> AOA NON-MEMBER	\$500	\$525	= \$ _____

Your check number: _____ written in the amount of = **TOTAL \$** _____