



ASSOCIATION OF REGULATORY BOARDS OF OPTOMETRY

91st ANNUAL MEETING

June 13-15, 2010

Gaylord Palms Hotel and Resort, Kissimmee, Florida

DELEGATE REGISTRATION FORM

The following must be completed and received at the ARBO office **no later than** June 1, 2010.

- Register your voting and non-voting delegates who will be attending by completing this registration form and returning it, along with your payment, to the ARBO office, 200 S. College Street, Suite 1630, Charlotte, NC 28202; Fax 1.704.970.2720
- Each Board in attendance will be allowed five minutes to give a report on its activities during the past year. Boards presenting written reports are asked to submit a copy to the ARBO office.

Member Board (please print or type): Jurisdiction Represented: _____

Voting Delegate (limit 1 per state) - \$375 Registration Fee

Name: _____ Title: _____ Phone #: _____ Email: _____

Name badge to read: _____ 1st Time Attendee

Non-Voting Delegate - \$275 Registration Fee

Name: _____ Title: _____ Phone #: _____ Email: _____

Name badge to read: _____ 1st Time Attendee

Name: _____ Title: _____ Phone #: _____ Email: _____

Name badge to read: _____ 1st Time Attendee

Spouse/Guest—\$25.00 Registration Fee (Includes two breakfasts and 1 drink ticket at the Monday-night reception)

Guest name badge to read: _____

Amount Due:

_____ Voting Delegates (limit 1 per state)	x	\$375	\$ _____	
_____ Non-Voting Delegates	x	\$275	\$ _____	
_____ Spouse/Guest	x	\$ 25	\$ _____	Total Amount Due: \$ _____

Enclosed is a check in the amount of \$ _____

Please charge to my credit card: Card type: Visa Mastercard
 Name on card: _____ Number: _____ Exp Date: _____

Please bill to my credit card the amount of \$ _____

ADDITIONAL INFORMATION

- A separate registration form will be sent to your Board regarding the ARBO/NBEO travel stipend.
- ARBO's Federal Identification Number is 23-7091523
- All registrations and payments for the Annual Meeting must be received **no later than** June 1, 2010.