



Association of Regulatory Boards of Optometry, Inc.

ARBO 2018 ANNUAL MEETING

June 17-19, 2018
Sheraton Downtown Denver
Denver, Colorado

DELEGATE REGISTRATION FORM

SPECIAL RATE: Register one delegate by May 18, 2018 and pay the full registration fee and get a second delegate registration at no charge.

Note: After 5/18/18 the \$475 registration fee must be paid by all delegates.

The following must be completed and received at the ARBO office *no later than May 31, 2018*.

- Register your 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 2030, Charlotte, NC 28202 or fax the form to 888.703.4848 or scan and email the form to arbo@arbo.org.
- ARBO's Federal Identification Number is 23-7091523.

Voting/Non-Voting Delegate Registration Fee: \$475

Member Board: Jurisdiction Represented: _____ Date of Registration: _____

Voting Delegate (limit 1 per jurisdiction)

Name: _____ Title: _____

Phone #: _____ Name badge to read: _____ 1st Time Attendee

Email: _____ **NOTE: Email is necessary to receive access to meeting materials.**

Any special requirements: _____

Non-Voting Delegate(s)

Name: _____ Title: _____

Phone #: _____ Name badge to read: _____ 1st Time Attendee

Email: _____ **NOTE: Email is necessary to receive access to meeting materials.**

Any special requirements: _____

Name: _____ Title: _____

Phone #: _____ Name badge to read: _____ 1st Time Attendee

Email: _____ **NOTE: Email is necessary to receive access to meeting materials.**

Any special requirements: _____

Name: _____ Title: _____

Phone #: _____ Name badge to read: _____ 1st Time Attendee

Email: _____ **NOTE: Email is necessary to receive access to meeting materials.**

Any special requirements: _____

Spouse/Guest—\$25.00 Registration Fee includes breakfast, lunch and reception.

Guest name badge to read: _____

(turn over for payment information)



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Amount Due:

_____ Voting Delegates (1 per jurisdiction)	x	\$ 475	=	\$ _____
_____ Non-Voting Delegates	x	\$ _____	=	\$ _____
_____ ARBO Life Member	x	\$ 0	=	\$ 0.00
_____ 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 American Express

Name on card: _____

Card #: _____ Expiration Date: _____

CVV Number: _____ *The CVV Number ("Card Verification Value") on your credit card or debit card is a 3 digit number on VISA® and MasterCard® credit and debit cards. On your American Express® credit or debit card it is a 4 digit numeric code.