



Association of Regulatory Boards of Optometry, Inc.

ARBO 2018 ANNUAL MEETING

June 17-19, 2018

Sheraton Downtown Denver

Denver, Colorado

NON-MEMBER/OBSERVER REGISTRATION FORM

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

- Register non-members/observers 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.

Non-Member/Observer Registration Fee: \$550

Organization Represented: _____ Date of Registration: _____

Name: _____ Title: _____

Phone #: _____ Name badge to read: _____

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

Any special requirements: _____

Name: _____ Title: _____

Phone #: _____ Name badge to read: _____

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

Any special requirements: _____

Amount Due:

_____ Non-Members/Observers x \$550.00 = \$ _____

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 num-

ber on VISA® and MasterCard® credit and debit cards. On your American Express® credit or debit card it is a 4 digit numeric code.