



Association of Regulatory Boards of Optometry, Inc.

# ARBO 2019 ANNUAL MEETING

June 16-18, 2019

Four Seasons Hotel

St. Louis, Missouri

## NON-MEMBER/OBSERVER REGISTRATION FORM

The following must be completed and received at the ARBO office **no later than May 31, 2019.**

- 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.