

## IU School of Optometry C.E. Registration Form – 2009

Date	#	Fee	Sub Total	Mail or fax this
Saturday, July 18	___	_____	_____	registration form to:
Sunday, July 19	___	_____	_____	Optometry Budget Office
Saturday, Aug 15	___	_____	_____	IU School of Optometry
Sunday, Aug 16	___	_____	_____	800 E. Atwater
Monday, Aug. 17	___	_____	_____	Bloomington, IN 47405
Sunday, Dec. 13	___	_____	_____	Fax No. (812) 855-8664
Saturday, March 27	___	_____	_____	
Sunday, March 28	___	_____	_____	
		<b>Total</b>	_____	

**REGISTRATION INFORMATION (please print)**

Name: \_\_\_\_\_ (email address) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 ARBO OE# \_\_\_\_\_

**PAYMENT INFORMATION (please print)**

\_\_\_ Check enclosed, made out to Indiana University for \$ \_\_\_\_\_  
 MC/VISA/Discover accepted: \_\_\_\_\_--\_\_\_\_\_--\_\_\_\_\_--\_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Transcript Quality Credit is available. If you want this, please request at registration. If you have questions, contact Sue Gilmore (812) 855-9292 or email [sgilmore@indiana.edu](mailto:sgilmore@indiana.edu) or check our website at [www.opt.indiana.edu](http://www.opt.indiana.edu).