

CONFERENCE REGISTRATION

October 27-31, 2015 Santa Fe, New Mexico

Please fill out the Conference Registration and the Registrant Information.

Send both forms with your payment to the mailing address or fax number listed at the end of the Registrant form.

Optometric Syntonic Phototherapy 101

(Tues.-Wed. Oct 27-28th) \$595.00 _____

Therapist \$495.00 _____

Pre-Conference Workshop

(Thursday Oct 29th)

Fast Track VT: Geoff Shayler, Optom
\$185.00 _____

Iridology Workshops:

Peter Guhl, Bill Caradonna, Denise Hadden
\$185.00 _____

Conference Only (2 days) Registration

(Friday-Saturday Oct. 30-31st)

CSO Members \$595.00 _____

Non Members: \$695.00 _____

Associates members \$450.00 _____

O.D. Students (for handouts/meals)
\$225.00 _____

101 and Conference (Dr) \$995.00 _____

101& Conference: \$895.00 _____

(therapist Attending with Dr.)

Guest Meals \$200.00 _____

Extra Banquet Tickets \$ 75.00 _____

Conference materials will be provided

Via a flash drive,

Printed copy of materials \$40.00 _____

Add \$50 if registered after October 3, 2015

Total in US Dollars: \$ _____

Optional Friday Night Oct 30th

Walking Ghost Tour (\$14)

Numbers limited – Pay at tour

Register:

Send Check or Money order in US Dollars

to: College of Syntonic Optometry

2052 West Morales Drive

Pueblo West, CO 81007 USA

Fax: 1-719-547-3750 Tel: 1-719-547-8177

syntonics@q.com

REGISTRANT INFORMATION:

Name _____

Professional Title _____

Address _____

City _____ State _____

Zip Code _____ Country _____

Business Name _____

Phone _____

Fax _____

Email _____

Guests:

Name _____

Name _____

Vegetarian: # _____

Help me find a roommate: M___ F___

HOTEL RESERVATIONS

La Fonda on the Plaza

100 East San Francisco Street
Santa Fe, New Mexico 87501 USA

Reservations: 1-800-523-5002 or
1-505-982-5511 , #1

COLLEGE OF SYNTONIC
OPTOMETRY or #777269

Rooms: \$139 per night for
Traditional rooms

To make reservations online:

<http://www.lafondasantafe.com/group-reservation-request/>

Before September 28, 2015

Visa MC AMX Discover

Number _____

Exp. _____

Signature _____