

CONFERENCE REGISTRATION

June 7-11, 2016 Indianapolis, Indiana, US.
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. June 7-8th)

Dr. \$595.00 _____
Therapist \$495.00 _____
Repeat of course \$295.00 _____

Optometric Syntonic Phototherapy 102

(Thursday June 9th) \$295.00 _____

Conference Only (2 days) Registration

(Friday-Saturday June 10-11th)

CSO Members \$595.00 _____
Non Members: \$695.00 _____
Associates members \$450.00 _____
O.D. Students (for handouts/meals)
\$200.00 _____

101 and Conference (Dr) \$995.00 _____

101& Conference: \$895.00 _____

(therapist Attending with Dr.)

102 and Conference \$840.00 _____

Guest Meals \$200.00 _____

Extra Banquet Tickets \$ 75.00 _____

TOTAL _____

Conference materials will be provided VIA
EMAIL

Add \$50 if registered after May 23th, 2016

Total in US Dollars: \$ _____

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

Sheraton Indianapolis City Centre Hotel
31 West Ohio St
Indianapolis, Indiana 46204

Reservations: 888-627-8186

Rooms: \$149 for a King or 2 doubles
\$159 for triple and \$169 for quad

Identify yourself as a member of the
College of Syntonic Optometry for
group rate

Make reservations directly with the
hotel. **Prior to May 16, 2016 for rates**

Visa MC AMX Discover

Number _____

Exp. _____

Signature _____