

115th SCOPA Annual Meeting Registration Form

Please complete this SCOPA Annual Meeting Registration Form and send with payment to:

SCOPA Annual Meeting · 2730 Devine Street · Columbia, SC 29205

SCOPA Office Fax: 803-799-1064 · E-mail: abalderson@sceyedocitors.com

You may also visit www.sceyedocitors.com and register directly online through the Annual Meeting link.

SCOPA will not take registrations over the phone and there will not be an on-site registration option.

Type or NEATLY print information below as you would like it to appear on the Annual Meeting materials.

PLEASE only register one person per form; photocopy this form for additional registrations. Payment must be submitted with form. **The e-mail address listed will receive any confirmations, important meeting information and updates.** Please make sure to list an e-mail address that you will check closer to the meeting date.

Name for Badge (will print as written here): _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

Visa/Master/AMEX/Discover Card: _____ Expires: _____

Name as it appears on card: _____ CCV Code: _____

Cardholder Signature: _____

SCOPA and AOA Member Registration:

(Please check the appropriate box)

2022 New Graduate / Student (SC Licensed, **SCOPA member only**)

FREE

Registration (Postmarked or completed online by August 8th)

\$635

Non Member Registration:

Registration (Postmarked or completed online by August 8th)

\$925

Para Optometric / Staff Registration:

Single Registration (first para registration, please list name): _____

\$100

Add'l Registrations _____ (following 1st registration; please include names + e-mail, use separate page if needed)

\$75 ea.

Spouse/Guest Registration Rates (each spouse reg. includes tickets to all social events listed below):

Spouse/Guest(s) Name: _____

Registration (Postmarked or registered online by August 8th)

\$90

Additional Tickets for Events for those not registered as a Spouse/Guest:

(children under 13 are free)

Luncheon (Thursday) - list names: _____

_____ \$25 ea.

Luncheon (Friday) - list names: _____

_____ \$25 ea.

Wine and Cheese (Thursday) - list names: _____

_____ \$30 ea.

Presidential Reception (Friday) - list names: _____

_____ \$40 ea.

Total Amount Included for SCOPA Annual Meeting Registration \$ _____

Please check if you or your registered spouse/guest are disabled & may require assistance from SCOPA staff.

Please check here if you would like to opt out of sponsor and partner e-mails.