



Seattle 4-30-16

Registration

Fill out this registration form and return to CLSA

✉ **By Mail...** 2025 Woodlane Drive, Attn: Membership, St. Paul, MN 55125- 2998

☎ **By Fax...** Fax to (651) 731-0410

Name: _____ Name on badge if different: _____

Company Name (if applicable): _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Name of other attendees included in this registration:

Name:

Email:

- 1.
- 2.
- 3.

\$99 CLSA Member Qty _____ \$129 Non- Member Qty _____ Payment amount: \$ _____

Payment Method: Check AMEX Discover MasterCard Visa CVFF\$ _____

Business Partner #

Card Number: _____ Exp. Date: _____ CVC Code: _____

Signature: _____

Billing Information (If different than above):

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

CLSA Specialty Contact Lens Educational Summit

April 30, 2016
8:00 a.m. – 6:00 p.m.
Bell Harbor International Conference Center
2211 Alaskan Way
Seattle, WA 98121