REGISTRATION FORM OPTICIANS ASSOCIATION OF MICHIGAN SPRING EDUCATIONAL APRIL 27 & 28, 2024 CROWN PLAZA WEST 925 South Creyts Road, Lansing, MI 48917 - 517-323-7100

First Name	Last Name			Cell Number			
Circle All that apply: First OAM Seminar	OAM Member	New OAM Member	ABOC	NCLEC	OAA Honored Fellow		
Address	City		State	Zip (Code		
Personal Email	rsonal Email Office Fax						
Employer		Office Phone					
	<u>REGISTR</u>	ATION FEES:					
Courses Included: 101, 102, 104, 105, 106, 107, 108, 109, 110, 111, 112, 202, 203, 205, & 207							
	OAM M	embership	\$1	125	\$		
	OAM M	ember Rate	\$1	40	\$		
	Non-Me	ember Rate	\$3	325	\$		
Additional Charge – Hands-on Classes 201 (limit 16) & 206 (limit 14), each \$				25	\$		
Additional Charge – ABO Review Class 103 & Eye Dissection 204 (limit 25), each \$50					\$		
Meals (Saturday lunch and dinner & Sunday Breakfast) for 1 guest – No CEs included				60	\$		
Late Charge (Registrations received after April 22, 2024)				25	\$		
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Please Circle Your Choice of Courses:

Saturday	101	102	103	104	105	106	107	108	109	110	111	112
Sunday	201	202	203	204	205	206	207					

Credit Card Payment

Card Number	Exp Date	CVC/CVV	Zip Code
Card Holder's Name	Signature		

Mail completed registration form and check payable to: Opticians Association of Michigan, 1940 Theresa Avenue, DeWitt, MI 48820 www.theoam.org Phone: (877) 297-1668 Fax: (517) 515-7880 Cancelations must be received by April 19, 2023 for refund

Online Registration available at **theoam.org** For information on the group rate, please email dellis.oam@gmail.com