



American Society of  
Ophthalmic Registered Nurses  
*Specialists in Eye Care*

# Registration Form

## ASORN 2018 Dallas-Fort Worth Ophthalmic Update

April 7, 2018 – Presbyterian Hospital, Dallas, Texas

### 1 Contact Information

First Name MI Last Name

Professional License/Credential

Address

Address

City State/Province Zip Code

Country

Email (required for registration)

Daytime Phone

### 2 Registration

#### EARLY BIRD REGISTRATION

##### January 9–February 20\*

ASORN Member – \$119  Nonmember – \$139

\*payment and complete form must be RECEIVED by February 20 to get early bird pricing.

#### PREREGISTRATION

##### February 21–March 27

ASORN Member – \$139  Nonmember – \$159

### 3 Dietary Needs

If you have any food restrictions or allergies, please list:

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Do you have a need that requires special accommodations?

Yes  No

If YES, please attach a statement regarding your needs or e-mail to [asorn@aao.org](mailto:asorn@aao.org).

### 4 Method of Payment

Note: Payment from international applicants must be paid by Visa or Mastercard.

- Check or money order payable to ASORN (U.S. funds only)  
 Visa  
 Mastercard

Card Number Exp. (mo/yr)

Cardholder's Name

#### **REQUIRED: Cardholder's Billing Address (if different from address above):**

Address

City State/Province Zip Code

5 Mail to: Overnight Courier to:

ASORN  
Dept. 34095  
P.O. Box 39000  
San Francisco, CA 94139

ASORN  
655 Beach Street  
San Francisco, CA 94109

Phone: (415) 561-8513

Fax: (415) 561-8531