



TENNESSEE ASSOCIATION OF
**OPTOMETRIC
PHYSICIANS**

May 1 – 3, 2020

**11th Annual TAOP SPRING CONTINUING EDUCATION
DESTINATION.....SANDESTIN!**

REGISTRATION FORM

Name _____

Address _____ City _____ ST _____ Zip _____

Cell Phone Number: _____ E- Mail _____

OE Tracker Number: _____

Registration Fees:

**** AOA Members from other states register at the member fee. ****
CME Package Friday, Saturday & Sunday

_____ \$ 390 TAOP or AOA Member _____ \$ 725 Non-TAOP Member

Payment Methods:

Check made payable to TAOP \$ _____ Or

MC, Visa, A/E, Discover Card# _____ Exp Date: _____

Return to TAOP -2727 Bransford Ave. -Nashville, TN 37204

FAX: 615-269-5986 – or E-Mail to: lesley@taoponline.org