



## 2021 Tennessee Paraoptometric Association's Annual Meeting Registration Form

Paraoptometric Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Registration Fee: \$140.00 Fee includes: CE, Paraoptometric Association Dues, Exhibit Hall receptions, Breakfasts, lunches, President's Reception, Cook Out and Ole' Miss vs. UT "Sports Bar".

### Paraoptometric Spouse/Guest Registration(s)

**\*\*Registration is Complementary for Children. Registration for Spouse/Guest includes all food and beverage functions.**

\_\_\_\_\_ \$45.00 Each Name(s) \_\_\_\_\_

### Total Registration Fees:

Total Due TAOP: \$ \_\_\_\_\_ TAOP Paraoptometric Program

\$ \_\_\_\_\_ Spouse/Guest Registration(s)

\$ \_\_\_\_\_ **Total Fees Due**

checks made payable to TAOP or M/C, Visa, A/E or Discover

Card Number \_\_\_\_\_ Exp Date: \_\_\_\_\_

Return to:

Tennessee Association of Optometric Physicians  
2727 Bransford Ave. Nashville, TN 37204  
Fax: 615-269-9092 Email: [garylodomtn@gmail.com](mailto:garylodomtn@gmail.com)  
Telephone: 800-451-2438 or 615-269-9092