

CLAO<sup>®</sup>/ECL Symposium: Silicone Hydrogel Lenses – Ten Years Later  
Riverside Hotel, Fort Lauderdale, FL  
May 4-5, 2012

## REGISTRATION FORM

• HOTEL RESERVATIONS •

Room reservations at the Riverside Hotel are to be made by individual call-in (800) 325-3280 toll free or (954) 467-0671, before the room-block cut-off date of 4/03/2012.

Note that when calling the hotel for a room reservation, be certain to indicate to the reservation representative that the Group is listed as Contact Lens Association of Ophthalmologists. A major credit card is required to guarantee guest room reservations.

**Hotel Group Rate is available until April 3, 2012 Any reservation requests made after this cut-off date will be accepted on a space and rate availability basis.**

### REGISTRATION

*Registration form may be duplicated.  
Please use one form per registrant. Attendance will be limited.*

**REGISTRATION DEADLINE: April 18, 2012**  
**(Onsite Registration Available on a Space Available Basis)**  
**General Meeting Registration ..... \$250**  
**CLAO, Editorial, Board Registration .....\$200**

**BY EMAIL:** Complete this form and email to [eyes@clao.org](mailto:eyes@clao.org) (Credit card payment only)

**BY FAX:** FAX this completed form to: (651) 731-0410

(Credit card payment only)

**BY MAIL:** Complete this form and mail with payment to:

CLAO, 2025 Woodlane Drive

St. Paul, MN 55125-2998

(All checks must be payable to CLAO in US Funds drawn on a US Bank)

Name \_\_\_\_\_ Professional Credentials \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

### PAYMENT INFORMATION

Check enclosed (payable to CLAO ERF)  VISA  MasterCard  Discover  American Express

The following information is required to process credit card orders:

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Billing Zip Code (if different from above) \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Address (if different from above) \_\_\_\_\_

X \_\_\_\_\_  
Name as it appears on credit card (please print) \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_