

REGISTRATION FORM

OPTICIANS ASSOCIATION OF MICHIGAN ANNUAL CONVENTION



MARCH 3 - 5, 2017

111 North Grand Avenue, Lansing, Michigan 48933
800/333-3333 • 517/482-0188 • www.radisson.com/lansing/mi

First Name _____ Last Name _____ Phone _____

Circle all that apply: First OAM Seminar OAM Member New Member ABOC NCLEC Student

E-Mail _____ Fax _____

Address _____ City _____ State _____ Zip _____
Home

Company _____ Office Phone _____

REGISTRATION PACKAGES

COMPLETE PACKAGE (Friday, Saturday & Sunday):

Includes all activities for Friday, Saturday & Sunday

	OAM MEMBER RATE	\$225.00	
	Non Member Rate	345.00	
	Student Rate	65.00	
New Membership including Registration	324.00		\$ _____

SATURDAY ONLY PACKAGE:

Includes all activities for Saturday

	OAM MEMBER RATE	\$175.00	
	Non Member Rate	280.00	
	Student Rate	65.00	
New Membership including Registration	274.00		\$ _____

FRIDAY OR SUNDAY ONLY PACKAGE:

Includes classes only

	OAM MEMBER RATE	\$ 90.00	
	Non Member Rate	120.00	
			\$ _____

MICHIGAN BOARD CERTIFIED OPTICIAN TEST (MBCO):

Held on Sunday

	OAM MEMBER RATE	\$129.00	
			\$ _____

GUEST/SPOUSE REGISTRATION - OPTIONAL EVENTS

First Name _____ Last Name _____

Spouse/Guest Activities (not including any ABO certificates)	\$85.00
Exhibit Hall Attendee Only (must wear name badge)	FREE
New Membership to Opticians Association of Michigan	\$99.00
Late Fee (after February 28, 2017)	\$25.00

TOTAL \$ _____

COURSE SELECTION			
FRI	SAT		SUN
101	201	210	301
102	202	211	302
103	203	212	303
104	204	213	304
105	205	214	305
106	206	215	306
107	207	216	307
108	208	217	
109	209		
110			
111			

Please circle course numbers

PAYMENT Visa M/C Discover AMEX

Card# _____ SVC _____ Exp Date _____

Cardholder'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 **February 28** FOR FULL REFUND

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