

2019 ABO/NCLE Exam Reviews Registration

Name _____ License# _____

Company _____

Address _____

City _____ State ____ Zip _____

Daytime Phone _____

E-mail * _____@_____

* POF has a NO SPAM policy: We will not share your email information with anyone. We will only send you important professional and educational updates as needed.

Are you a member of POF? Yes No

I would like to join POF renew my membership.

- \$ 165 **Professional Member** - FL Licensed Optician
- \$ 45 **Future Opticians** - Apprentice/Current Optical Student
- \$ 85 **Associate Member** - ABO, NCLE, COT, COA & not FL Licensed
- \$ 85 **Affiliate Member** - Supplier & not FL Licensed



Four Convenient Ways to Register:

Online:
www.pof.org/Live-ABO-NCLE-Reviews

Fax:
 850-201-2947

Phone:
 850-201-2622
 M-F 8:30am - 5:00pm
Se Habla Español
 M-F 9:00am - 4:00pm

US Mail:
 POF / Vision Preview Exam Reviews
 P.O. Box 1296
 Crawfordville, FL 32326

POF's goal is to serve you with the friendliest service possible and to treat you as a professional.

We accept all major credit cards and your checks in advance & on-site.

Our cancellation policy is also optician friendly. If you need to cancel for any reason, POF will give you a 100% refund. Just send us a note and we will refund ALL of your payment after the event.

Saturday, October 26:
ABO Exam Review

Sunday, October 27:
NCLE Exam Review

Schedule:
 8:30am-12:00noon: Review
 12:00-1:00pm: Lunch on Your Own
 1:00-3:30pm: Review

Location:
 Safety Harbor Resort & Spa
 105 N. Bayshore Dr
 Safety Harbor, FL 34695
 727-726-1161

<p>POF Members: NCLE PREP \$89 ABO PREP \$89 BOTH ABO/NCLE \$159</p>	<p>Standard Rates: NCLE PREP \$99 ABO PREP \$99 BOTH ABO/NCLE \$179</p>
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*prices increase \$20 After October 13, 2019

Call POF at 850-201-2622 to register or for additional information on the reviews, or visit: <https://pof.org/Live-ABO-NCLE-Reviews>

Payment: Check (payable to POF) Amount: \$ _____

Visa MasterCard AmEx DiscoverCard Lux Code _____

Card Number: _____ Expiration ____ / ____ CVV _____

Cardholder's Signature _____

I agree to pay above total amount according to card issuer agreement.



FL Approved CE Provider 50-1645