

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

Saturday, May 4:
NCLE Exam Review

Sunday, May 5:
ABO 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

POF Members:

NCLE PREP \$89

ABO PREP \$89

BOTH ABO/NCLE \$159

Standard Rates:

NCLE PREP \$99

ABO PREP \$99

BOTH ABO/NCLE \$179

*prices increase \$20 After April 21, 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>



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.

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