

AKOA 2019 Annual Conference

May 16—May 19, 2019

Information and Registration Form

Join us in Girdwood, Alaska May 16—19, 2019

The Alaska Optometric Association's annual CE conference will be at the Alyeska Resort Hotel in Girdwood, Alaska, 1000 Arlberg Avenue, Girdwood, Alaska 99587. Located 40 miles outside of Anchorage, Alaska, the Alyeska Resort Hotel is Alaska's premier year round destination.

Included in your registration

- CE credits from top faculty. Instructors to be announced. Please check our website.
- Exhibit Hall
- Complementary breakfast and lunch served each day.

Lodging information

Reservation Procedure: Individual Call In. Full prepayment of the stay is required at the time of reservation. Attendees must identify themselves as being part of the Alaska Optometric Association's Annual CE Conference to ensure the special rate of \$175 per night. Deposit is fully refundable up to 48 hours prior to 4:00 pm on the scheduled day of arrival. **Guests may call Room Reservations to make individual reservations at 907-754-2111 or 800-880-3880.** To accommodate early guest arrivals and late departures, group guest room rates will apply three (3) days prior and three (3) days following the Group's scheduled event date. The same group guest room rates will apply for rooms in excess of the contracted room block, based on availability. ***Group rate will be available until April 8, 2019 or until the group block sells out. Please book early.**

Registration information

Name _____ Name for Badge _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Emergency Info: Contact _____ Relationship _____ Phone _____

Registration fee categories

Registrant Classification	before 4/1/2019	After 4/1/2019
AKOA Member	\$300	\$350
AOA Member *	\$400	\$450
Non-AOA Member	\$900	\$950
Guest or staff of AKOA Member**	\$50	\$50

** Guest or Staff Name _____

REGISTRATION FEE FROM TABLE AT LEFT	\$
GUEST OR STAFF FEE	\$
GRAND TOTAL	\$

Registration payment

CHECK made payable to AKOA

CREDIT CARD Type: MasterCard Visa American Express

Name on Card _____

Card Number _____

Expiration Date _____ Security Code _____

Billing Address _____

Signature _____

Mail form with check or credit card
payment information to:
Alaska Optometric Association
3705 Arctic Boulevard, #675
Anchorage, Alaska 99503

May 16-19, 2019 • www.ako.org

I agree to pay the above Grand Total amount according to the card issuer's agreement.