

Click the following link to begin the registration process on the CAO website: <https://reg.conexsys.com/cao17/new>

On the first page, select "Optometry Student" as your registrant type.

EVENT INFORMATION   HOTEL INFORMATION   TERMS AND CONDITIONS   CONTACT US

CONGRÈS | CONGRESS



OTTAWA  
2017

**June 28-30 / 28 au 30 juin**

Shaw Centre / Centre Shaw



CANADIAN  
ASSOCIATION OF  
OPTOMETRISTS

ASSOCIATION  
CANADIENNE DES  
OPTOMÉTRISTES

opto.ca

---

**REGISTRATION TYPE**

Registration Type:

Enter your personal information:.

**REGISTRANT INFORMATION**

All fields marked with an asterisk \* are required.

Honorific:

First Name:  \*

Last Name:  \*

Practice Name:

School of Optometry:  \*

Graduating Year:  \*

Address:  \*

Address Cont'd:

City:  \*

Country:  \*

Province:  \*

Postal Code:  \*

Phone:  \*

Email:  \*

Confirm Email:  \*

Dietary Requirements (if applicable):

Click “yes” if you would like to receive emails from Congress exhibitors about information on their events and booth. Then click continue to go the next page.

**Disclosure of Contact Information**


List of registrants (and emails) will also be made available to Congress sponsors and exhibitors so they can communicate information on their events and booths with delegates.

Do you approve of releasing your contact information to sponsors/exhibitors of the CAO Congress?

- Yes, I agree
- No, I do not agree

Continue

Select the registration option that you would like to purchase.



**REGISTRATION OPTIONS**

<b>Full Program (June 28-30, 2017)</b> Includes: CE sessions, Breakfasts/Lunches and Optofair.	\$275.00	<input checked="" type="checkbox"/>	\$275.00
<b>One Day Program (Wednesday, June 28, 2017)</b> Includes: CE sessions, Wednesday Breakfast/Lunch	\$150.00	<input type="checkbox"/>	
<b>One Day Program (Thursday, June 29, 2017)</b> Includes: CE sessions, Thursday Breakfast/Lunch and Optofair.	\$150.00	<input type="checkbox"/>	
<b>One Day Program (Friday, June 30, 2017)</b> Includes: CE sessions and Friday Breakfast/Lunch	\$150.00	<input type="checkbox"/>	

Attendance to Optofair (trade show exhibition) is included in the full registration or a One-day pass for Thursday, June 29. It is not necessary to buy a ticket in this case. Access to Optofair only requires purchase of a ticket if you purchase a One-day pass for either Wednesday or Friday. Attendance to the President's Banquet and/or the Opening Ceremonies require that a ticket be purchased when you register as a student. You can then view your total fee at the bottom right corner of the page.

**SESSIONS AND SOCIAL EVENTS**

Please select the sessions and other events that you wish to attend.

**Thursday, June 29**

Optofair I will attend

**A LA CARTE SOCIAL EVENT TICKETS**

**\*\*Note some of the events below may be included in your registration package. Please select only if you wish to purchase additional tickets.**

**Wednesday, June 28**

Opening Ceremonies Ticket(s) \$85.00

**Thursday, June 29**

Optofair Ticket(s) \$75.00

Optofair Lunch n' Learn/Skills Camp - Naso-Lacrimal Duct Probing & Irrigation

**Friday June 30**

President's Banquet and Ball Ticket(s) \$140.00

Sub Total	\$275.00
Tax Total	<u>\$35.75</u>
Total (CAD)	<u>\$310.75</u>
Total Owing	<u><b>\$310.75</b></u>

[Back](#) [Continue](#)

Confirm one more time that your selections for registration are correct!

**REGISTRATION SUMMARY**  
Please review your selections below. To make corrections, please click the appropriate item.

Item	Option	Price	Qty.	Total
<input checked="" type="checkbox"/> Registration Type	Optometry Student		1	
<input checked="" type="checkbox"/> Full Program - Optometry Student (June 28-30, 2017)	Fee	\$275.00	1	\$275.00
<input checked="" type="checkbox"/> Optofair (Thursday, June 29 - 11:30 AM - 2:45 PM)	Attending		1	
				<b>Sub Total</b> \$275.00
				<b>Tax Total</b> \$35.75
				<b>Total (CAD)</b> \$310.75
				<b>Total Owing</b> <u>\$310.75</u>

Discount Code:

If your credit card information is the same as what you entered on the first page, select "Use my Registrant Information". If you need to give alternate billing info, select "Use other Billing Information"

**PAYMENT INFORMATION**



Please provide information for your chosen method of payment.

Billing Information  -Select an option-  
 Use my Registrant Information  
 Use other Billing Information

Enter your credit card information:

**PAYMENT INFORMATION**  
Please provide information for your chosen method of payment.

Billing Information: Use my Registrant Information \*

Payment Method: Visa - Secure Online Payment \*

Card Number: 1234567812345678 \*

Expiry Date: 06 2020 \*

Cardholder Name: Daffy Duck \*

You must agree to the [Terms and Conditions Policy](#) to proceed \*

Total Owing: **\$310.75**

[Back](#) [Finish](#)

Congratulations, your registration for Congress 2017 is complete! Select "View/Print Invoice" to review the information.

**Thank you for registering for CAO Congress 2017**  
Confirmation of your registration has been sent to the email address provided.

 [View/Print Invoice](#)

 [Edit/Change Registration](#)

 [Register Another Person](#)

[Finish](#)

# Sample Invoice

<b>Canadian Association of Optometrists Congress 2017</b> <b>Canadian Association of Optometrists</b> 234 Argyle Ave. Ottawa, Ontario Canada, K2P 1B9 Phone: 888-263-4676		<b>Invoice #:</b> 1661 <b>Date:</b> Tuesday, February 28, 2017 <b>System ID:</b> 5023342					
<b>Billed To:</b> <div style="background-color: black; width: 200px; height: 60px;"></div>		<b>Registrant:</b> <div style="background-color: black; width: 200px; height: 60px;"></div>					
Item Name	Option	Unit Price	Quantity	Sub Total			
1 Registration Type	Optometry Student		1				
2 Full Program - Optometry Student (June 28-30, 2017)	Fee	\$275.00	1	\$275.00			
3 Optofair (Thursday, June 29 - 11:30 AM - 2:45 PM)	Attending		1				
				<b>Sub Total:</b> \$275.00			
				<b>Tax Total:</b> \$35.75			
				<b>Total:</b> \$310.75 CAD			
				<b>Total Paid:</b> \$310.75 CAD			
				<b>Total Owning:</b> \$0.00 CAD			
Date	Transaction #	Payment Type	Method	Type	Status	Amount	Paid
2/28/2017 1:04:01 PM				Sale	Accepted	\$310.75	\$310.75
						<b>Total Paid:</b> \$310.75 CAD	
						<b>Total Owning:</b> \$0.00 CAD	

Re-Send To: