

REQUEST FOR COPIES OF ATTENDANCE CERTIFICATES

PERSONAL INFORMATION

Optometrist Optician Optometric Assistant Other (please specify) _____

Last Name First Name

Address Apartment/Suite #

City Province Postal Code

Telephone E-mail Address

Which seminar(s) are you missing attendance certificates for?

CHARGE

\$15.00 plus \$1.95 HST

TOTAL AMOUNT DUE UPON RECEIPT **\$ 16.95**

METHOD OF PAYMENT

MasterCard Visa Cheque - Payable to The Academy of Ophthalmic Education

Credit Card Number Expiry Date

Authorized Signature

PLEASE SEND YOUR COMPLETED FORM AND PAYMENT TO:

The Academy of Ophthalmic Education
35 West Pearce Street | Unit 35
Richmond Hill | Ontario | Canada | L4B 3A9
Fax. 905.731.8235

35 West Pearce Street | Unit 35 | Richmond Hill | Ontario | L4B 3A9

TELEPHONE
905.731.6022
TF: 1.866.417.0004

FAX
905.731.8235
1.866.225.5755

EMAIL
info@aoece.com

WEBSITE
www.aoece.com