



College of
OPTOMETRY

Continuing Education Course Registration Form

Name

Address

City

State

Zip

Phone number

E-mail Address

Fax number

Course Selection (Please indicate title and date of each course you would like to register to attend):

Registration fee:

Number of course hours selected _____ x \$25.00/hour = \$ _____

Payment Options:

Mail check (payable to The Ohio State University College of Optometry) to:
Dekunte Edwards
OSU College of Optometry
338 West 10th Avenue
Columbus, Ohio 43210