



College of  
OPTOMETRY

## Continuing Education Course Registration Form

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**Name**

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**Address**

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**City**

**State**

**Zip**

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**Phone number**

**E-mail Address**

**Fax number**

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

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**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:  
Gayle Glanville  
OSU College of Optometry  
338 West 10th Avenue  
Columbus, Ohio 43210