



REGISTRATION INFORMATION

Mail: 1401 W. Capitol Ave., Suite 247
Little Rock, AR 72201
Phone: 501-661-7675
Online: <https://arkansas.aoa.org>

Full Name

Mailing Address

Phone

Cell Phone

Email:

OE Tracker #:

Additional Attendees:

Add. Attendee email:

Credit Card:

Exp. Date:

Sec. Code:

Billing Address, if different from
above:



**JANUARY
10**

**Member Price
(all AOA Members)**

Non-Member Price

ODs

____ x \$150 = \$_____

____ x \$375 = \$_____

Paraoptometric Staff

____ x \$75 = \$_____

____ x \$150 = \$_____

**2026
Coding Update**

arkansasoptometric.org

- This meeting is only available as a complete package.
- **Cancellation Policy:** A full refund, minus \$25 cancellation fee, will be provided if request is received by January 2, 2026. No refunds after 01/02/2026.
- Please make checks payable to Arkansas Optometric Association and mail with form.
- Online registration must be paid by credit card