



6 NE 63rd Street, Suite 150 Oklahoma City, OK. 73105
405-848-7123 Fax 405-848-6935

CHILDREN'S VISION SCREENING REGISTRATION FORM

PLEASE PRINT LEGIBLY

NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMAIL _____

SCHOOL DISTRICT _____

NAME OF SCHOOL(S) _____

Prevent Blindness Oklahoma and _____
do mutually agree as follows:

- Prevent Blindness Oklahoma will conduct a Children's Vision Screening Workshops on **9/9/10 AND on 1/11/11 (please circle date you wish to attend)** at the Oklahoma Association of Optometric Physicians office in Oklahoma City, Oklahoma from 9:30 am to 12:30 pm.
- Each participant attending will receive a Children's Vision Screening training manual.
- The participant is charged a training fee of \$50.00 which must be paid or have a purchase order no later than day of training.
- Each participant agrees to pay a \$50.00 fee if they **DO NOT** notify Prevent Blindness Oklahoma that they will be unable to attend. Notification must be received no later than one week prior to date of training.
- Children's Vision Screening Kits will be available day of training for \$150.00
- Each participant must pass a certification test with an 65% or better passing score.
- Each participant will receive certification for a three (3) year period.
- Each participant will be required to submit to PBO the number of children screened and the number referred no later than June 1st of the current school year each year of certification.
- Prevent Blindness Oklahoma will provide copies of all paperwork for the participant to use as needed.
- Prevent Blindness Oklahoma can NOT hold a training spot without receipt of agreement and a purchase order or payment.**
- Signee understands there will be a \$15.00 LATE FEE if the purchase order is not paid within 30 days of class date. Undersigned understands it is their responsibility to deliver the invoice to the accounts payable office.**

Signature _____ Date _____