



# ADVANCED OCULAR THERAPEUTICS (AOT) REGISTRATION FORM

Please complete the information below and fax to 503-352-2929  
or mail the completed form to:

Pacific University College of Optometry  
Attn: Jeanne Oliver  
2043 College Way  
Forest Grove, OR 97116

Full Name \_\_\_\_\_

E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

*I need this course to meet the AOT requirement for:*

- OREGON
- WASHINGTON
- ALASKA
- OTHER (please indicate state) \_\_\_\_\_

I have arranged for the following individual to serve as the exam proctor:

NAME \_\_\_\_\_

E-mail \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

*Note: Proctors will be subject to approval by the course administrator.*

Tuition is \$1800. A deposit of \$900 is due with this application. The balance will be due upon course completion

PAYMENT by credit card (VISA/MC/Discover) or check



Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

*For more information, contact: Jeanne Oliver 503-352-2740 or Jeanne@pacificu.edu*