

Please complete the following form and submit along with your payment. Please make cheques payable to the UNIVERSITY OF WATERLOO (\$CDN). No post-dated cheques please. If more than one form is required (more than one registrant), please photocopy form. Email to: Elizabeth Reidt, ejreidt@uwaterloo.ca, Fax: 519-725-0784.

Name:		
Address:		
Postal Code:	Phone:	Email (required):

Peer Practice	Sessions Available (please indicate preferred sessions)				Fee
April 25	8:30 – 10:30 <input type="checkbox"/>	10:30 – 12:30 <input type="checkbox"/>	12:30 – 2:30 <input type="checkbox"/>	2:30 – 4:30 <input type="checkbox"/>	\$30 (per session)
April 26	8:30 – 10:30 <input type="checkbox"/>	10:30 – 12:30 <input type="checkbox"/>	12:30 – 2:30 <input type="checkbox"/>	2:30 – 4:30 <input type="checkbox"/>	\$30 (per session)
April 27	8:30 – 10:30 <input type="checkbox"/>	10:30 – 12:30 <input type="checkbox"/>	12:30 – 2:30 <input type="checkbox"/>	2:30 – 4:30 <input type="checkbox"/>	\$30 (per session)
April 30	8:30 – 10:30 <input type="checkbox"/>	10:30 – 12:30 <input type="checkbox"/>	12:30 – 2:30 <input type="checkbox"/>	2:30 – 4:30 <input type="checkbox"/>	\$30 (per session)
May 1	8:30 – 10:30 <input type="checkbox"/>	10:30 – 12:30 <input type="checkbox"/>	12:30 – 2:30 <input type="checkbox"/>	2:30 – 4:30 <input type="checkbox"/>	\$30 (per session)
May 2	8:30 – 10:30 <input type="checkbox"/>	10:30 – 12:30 <input type="checkbox"/>	12:30 – 2:30 <input type="checkbox"/>	2:30 – 4:30 <input type="checkbox"/>	\$30 (per session)
May 3	8:30 – 10:30 <input type="checkbox"/>	10:30 – 12:30 <input type="checkbox"/>	12:30 – 2:30 <input type="checkbox"/>	2:30 – 4:30 <input type="checkbox"/>	\$30 (per session)
May 4	8:30 – 10:30 <input type="checkbox"/>	10:30 – 12:30 <input type="checkbox"/>			\$30 (per session)

2018 UW graduate 2017 IOBP student Former UW student Former IOBP student First time CACO CACO re-take

Discount for "Peer Practice" sessions (2018 UW graduate, 2017 IOBP student AND first time CACO) Waterloo student ID _____	100%
--	-------------

Student Partner for Peer Practice _____ Waterloo ID _____
Practice partner must be a current UW or current IOBP student

Total	\$
--------------	-----------

PAYMENT: Cheques (payable to the University of Waterloo) or **cash only** accepted as payment. Please have exact change.
 Payment can be dropped of at the School of Optometry & Vision Science, Room 301.