



50 Penn Place – 1900 NW Expressway, Suite R110 – OKC, OK 73118
Phone: (405)848-7123 – Fax: (405)848-6935 – info@vizavance.org

CHILDREN'S VISION SCREENING REGISTRATION FORM

PLEASE PRINT LEGIBLY

NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMAIL _____

SCHOOL DISTRICT _____

NAME OF SCHOOL(S) _____

Vizavance and _____ do mutually agree as follows:

- Vizavance will conduct a Children's Vision Screening Workshop on **Tuesday, September 12, 2017 (9am to 1pm) at 50 Penn Place – 1900 NW Expressway, Suite R326, OKC, OK 73118**
- 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 Vizavance 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 now being provided through School Health. We will provide ordering information to you on the day of training.**
- Each participant must pass a certification test with a 70% or better passing score.
- Each participant will receive certification for a three (3) year period.
- Each participant will be required to submit to Vizavance the number of children screened and the number referred no later than June 1st of the current school year each year of certification.
- Vizavance will provide copies of all paperwork for the participant to use as needed.
- Vizavance 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 _____