



**CADO**  
Est. 1939

# California Association of Dispensing Opticians

## A Special Invitation to ALL Opticians

### Back to In-Person Optical Seminar

**Sunday - October 24, 2021**



**Register Below TODAY!**  
**Early Reg. Save \$50**

- Early Reg. By Sept 27
- 6 ABO CE Credits
- Acclaimed Speaker
- Great Lunch Included
- Meet your peers
- Explore new ideas/concepts

**See course descriptions and other details On Next Page**

**COVID 19 Concerns?** Like many healthcare providers, we are sensitive to the on-going challenges that the COVID-19 virus presents. Safety protocols are constantly evolving, and we have been assured by the Hotel that they continue making changes to meet the government agency's current safety guidelines. We remain optimistic and enthusiastic about reuniting safely at Pleasanton's Hilton Hotel on October 24<sup>th</sup>. Masks provided if required. Questions, please contact us via email; [cadoseminars@gmail.com](mailto:cadoseminars@gmail.com).



**Make Seminar Check Payment out to:**  
CADO or California Association of Dispensing Opticians  
*(Unfortunately we are not set up to accept credit cards)*

**Mail this form with your check to:**  
CADO Seminars  
P.O. Box 60192  
Sacramento, CA 95860



**We are looking forward to seeing you!**

**Contact Information**  
Email: [cadoseminars@gmail.com](mailto:cadoseminars@gmail.com)  
Webpage: [www.cadogroup.org](http://www.cadogroup.org)

### A WIN-WIN for all non CADO members!

Join CADO with the prorated membership fee of \$40 and save \$10 on your Non-Member seminar registration! Just add the additional \$40 to the CADO member registration category below.

#### Keep your ABO Certification up-to-date with 6 HOURS of CE Credits

SEMINAR FEES Register by 9/27/21 SAVE \$25	Non CADO Member	CADO Member & Kaiser
Early Registration Postmarked by 9/27/21	\$140	\$90
Not-so-early Registration Postmarked by 10/7/21	\$165	\$115
Regular Registration Postmarked after 10/15/21	\$190	\$140
<b>Sorry No Refunds</b>		

Please PRINT CLEARLY - (Your Confirmation will be emailed to you)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St. Zip \_\_\_\_\_

Email address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Practice Name \_\_\_\_\_

City \_\_\_\_\_

