

TRINIDAD & TOBAGO OPTICIAN'S REGISTRATION COUNCIL

Registration Form for Company

Registration Year

PLEASE COMPLETE THIS FORM AND SUBMIT WITH YOUR REMITTANCE

PRACTICE NAME: _____

PRACTICE ADDRESS: _____

TEL. NO.: _____

EMAIL ADDRESS: _____

<u>REGISTRATION CATEGORY</u>	<u>FEE</u>	<u>PLEASE TICK BELOW</u>
OPTOMETRIC PRACTICE	\$1000.00	<input type="checkbox"/>
DISPENSING COMPANY	\$1000.00	<input type="checkbox"/>

PLEASE LIST ALL OPTOMETRISTS AND / OR DISPENSING OPTICIANS:

Signature of Optometrist / Optician Associated with Company

MARCH 22ND, 2013