



Association of Regulatory Boards of Optometry, Inc.

ARBO 2026 ANNUAL MEMBERSHIP MEETING

June 13-14, 2026
Renaissance Phoenix Hotel
Phoenix, Arizona

MEETING REGISTRATION FORM

The following must be completed and received at the ARBO office **no later than May 25, 2026**.

- Complete this registration form and return it, along with your payment, to the ARBO office: 3440 Toringdon Way, Suite 205 PMB #20533, Charlotte, NC 28277 or fax the form to 888.703.4848 or scan and email the form to arbo@arbo.org.
- ARBO's Federal Identification Number is 23-7091523.

Delegate (Voting & Non-Voting) Registration Fee: \$550 (Note: Life Members do not pay registration fee.)

Member Board: Jurisdiction Represented: _____ Date of Registration: _____

Voting Delegate (limit 1 per jurisdiction)

Name: _____ Title: _____

Phone #: _____ Name badge to read: _____ 1st Time Attendee

Email: _____ **NOTE:** Email is required to receive access to meeting materials.

Any special requirements: _____

I would also like to register for one of the OPTIONAL pre-meeting workshops on June 12, 2026. **NOTE:** There is no charge for the workshops, but you must register due to space limitations.

_____ Regulatory Workshop with Dale Atkinson, Esq., at 1:00-3:00 pm CT on June 12th

_____ NBEO Workshop, at 3:30-5:30 pm CT on June 12th

Non-Voting Delegate

Name: _____ Title: _____

Phone #: _____ Name badge to read: _____ 1st Time Attendee

Email: _____ **NOTE:** Email is required to receive access to meeting materials.

Any special requirements: _____

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Non-Member/Observer Registration Fee: \$650

Name: _____ Title: _____

Phone #: _____ Name badge to read: _____

Email: _____ **NOTE:** Email is required to receive access to meeting materials.

Any special requirements: _____

Spouse/Guest — \$35.00 Registration Fee includes breakfast, lunch and reception.

Guest name badge to read: _____

Amount Due:

_____ Voting Delegate (1 per jurisdiction)	x	\$ _____	=	\$ _____
_____ Non-Voting Delegates	x	\$ _____	=	\$ _____
_____ ARBO Life Member	x	\$ 0	=	\$ 0.00
_____ Observer	x	\$ _____	=	\$ _____
_____ Spouse/Guest	x	\$ 35.00	=	\$ _____
Total Amount Due: \$ _____				

Enclosed is a check in the amount of \$ _____

Please charge to my credit card: Card type: Visa Mastercard American Express

Name on card: _____

Card #: _____ Expiration Date: _____

CVV Number: _____