CONTACT LENS SOCIETY OF AMERICA
2025 Woodlane Drive, St. Paul, MN 55125-2998
Toll Free: 800.296.9776 • FAX: 651.731.0410
E-mail: clsa@clsa.info • www.clsa.info

2016

COOPERVISION FREQUENT FITTERS PROGRAM POINTS AUTHORIZATION FORM

Cooper Vision Business Partner #: _____ Date: _____

Check payable to: _____

Address: _____

_____

SPECIAL NOTE:
Using Business Partner points from your clinic, please have the clinic manager sign below authorizing this transaction.

- Registration $_____
- Hotel Allocation ($800 max)* $_____
- Airfare* $_____
- Transportation to attend meeting $_____
- Education/Courses* $_____
- Other (with approval) $_____

***Please attach copies of receipts**

Clinic Manager Signature:_____ Date: _____

Fax, Mail, or Email this form to:

Contact Lens Society of America
2025 Woodland Dr.
St Paul, MN 55125
clsa@clsa.info
(651) 731-0410 fax

Please allow 45-60 days for payment