

CONTACT LENS SOCIETY OF AMERICA



2025 Woodlane Drive, St. Paul, MN 55125-2998
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E-mail: clsa@clsa.info • www.clsa.info

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