

OPTICAL TRAINING INSTITUTE

4000 Barranca Parkway Suite 250

Irvine, CA 92604

Telephone: 949-551-5455

Fax: 949-857-5455

Exam Preparation Self Study Course Order Form

Name: _____

Company (optional): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

email: _____

Please place my order for the following (check one)

___ Spectacle Dispensing Course \$289.00

___ Contact Lens Dispensing Course \$289.00

___ Both Courses (save \$89.00) \$489.00

___ Shipping \$12.00

Total..... _____

Method of Payment:

Check/MO: ___ Credit Card ___ (Visa, MasterCard, AMEX, Discover)

Card No: _____ Exp Date: ___ / ___

Cardholder Name: _____ Security Code: _____

Signature: _____