

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: _____