2013 AOP Pre-Testing and Parent Orientation

Name: _____ G00#: _____

Home Address: _____
Street/PO Box Apt # City State Zip

Home Phone # (____)_____ Cell Phone # (____)_____

Indicate which testing date and parent orientation you wish to attend and return by May 5, 2011:

I. ____ **Saturday, May 4, 2013** – SUNY Recruitment Center
College of Optometry, Lower Level – Schwartz Theater
33 West 42nd Street
New York, NY 10036

____Testing: 9:00 AM – 10:30 AM
____Parent Orientation: 10:45 PM – 12:00 PM How many will attend? _____

II. _____ **Saturday, June 1, 2013** – SUNY Geneseo
Newton Hall, Room 203
1 College Circle
Geneseo, NY 14454

___Testing: 9:00 AM – 10:30 AM
___ Parent Orientation: 10:45 AM – 12:00 PM How many will attend? _____

Please return above before May 1, 2013 to:
AOP Office, SUNY Geneseo, 1 College Circle, Geneseo, NY 14454 OR call (585) 245-5725 OR Fax: (585) 245-5720

Keep this bottom section for your records

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