



2026 OPTOMETRIC CONGRESS

October 16-18, 2026
Sheraton Puerto Rico Resort
San Juan, Puerto Rico



Colegio de Optómetras de P.R.
P.O. Box 363551
San Juan, P.R. 00936-3551
787-767-2828
info@colegiooptometraspr.com

Registration

Packages:

A. Complete Package

14 Credit hours, Breakfast Friday, Saturday & Sunday, Coffee breaks, Lunch Friday & Saturday, Cocktail Friday & Saturday night, Exhibits.

- Optometrist member **\$575.00**
- Optometrist non-member **\$750.00** (until Sept. 13, 2026)
- Optometrist non-member **\$850.00** (until Sept. 30, 2026)

B. Packages per day

1. Friday

5 Credit hours, Breakfast, Coffee breaks, Lunch, Cocktail Friday night, Exhibits.

- Optometrist member **\$280.00**
- Optometrist non-member **\$385.00** (until Sept. 30, 2026)

2. Saturday

6 Credit hours, Breakfast, Coffee breaks, Lunch, Cocktail Saturday night, Exhibits.

- Optometrist member **\$285.00**
- Optometrist non-member **\$395.00** (until Sept. 30, 2026)

3. Sunday

3 credit hours (P.R.), full breakfast, AM exhibits (until 12 pm)

- Optometrist member **\$80.00**
- Optometrist non-member **\$160.00** (until Sept. 30, 2026)

C. Companion & Office Staff

1. Companion (optometrist member) (night only)

- Friday cocktail night, exhibits **\$80.00**
- Saturday cocktail night, exhibits **\$80.00**

2. Companion (optometrist non-member) (night only)

- Friday cocktail night, exhibits **\$100.00**
- Saturday cocktail night, exhibits **\$100.00**

D. **Office Staff Conferences**, Lunch, exhibits. (Saturday 1pm-4pm) Laguna room I,II

- Office Staff-Optometrist Member Only \$100.00**

Names:

E. Exhibitions (only. No food)

___Friday & Saturday \$75.00

Name: _____

License: _____ Cell Phone _____

Email: _____

F. Payment Method: (We do not accept AMEX)

() Visa () MasterCard () Check (included)

Card # _____

Exp. _____ Total \$ _____

I am aware that the Colegio de Optómetras de Puerto Rico reserves that right of admission to its event.

Signature

Date