Alberta Association of Optometrists

AAO Member Equipment Request

Doctor's Name			
Clinic Name		Phone	
Address			
City		Postal Code	
E-mail		Contact Name	

EQUIPMENT REQUESTED

- ❑ Eyeball Model
- ❑ Eye See . . . Eye Learn® Classroom Activity Kit
- ❑ Fribbit® Mascot
- ❑ Portable Exam Kit

STAND UP BANNERS

- ❑ Urgent Care
- ❑ Primary Eye Care
- ❑ Children
- ❑ Seniors
- ❑ General Public

EYE SEE . . . EYE LEARN® BANNER

- ❑ Eye See . . . Eye Learn®

EYESAFE™ BANNER

- ❑ Your safety is our vision.
- ❑ Advantage for clinics.

Event & Event Date _____

Date Required _____ **Date of Return** _____

A credit card is required for all equipment loans. Damages, repair or replacement costs will be charged to the card number provided, following consultation with responsible parties. In the case of missing items, the replacement cost will be charged to the credit card. Charges for damaged banners is a minimum of $75 for repairs.

Payment Information	Visa ❑ MasterCard ❑
Name on Card	Expiry Date M o n t h / Y e a r
Credit Card No	CVC#

Please check one:

- ❑ I will pick up from AAO office on the following date _____
- ❑ Ship to above address.

As the doctor of optometry, I understand and acknowledge that:

- All equipment must be returned in the same shipping packaging and on the "Date of Return" noted above.
- Equipment must be returned via a method in which a tracking number is provided (eg: Purolator or ICS).
- Any damages caused to the equipment or banners while in the care of the doctor of optometry will be the responsibility of the doctor of optometry, who will be expected to cover the cost of repairs/replacements as determined by the AAO.

By signing below you agree to the terms and conditions above for the equipment you are requesting for loan.

Signature of Doctor of Optometry:_____ **Date:** _____