Alberta Association of Optometrists
100, 8407 Argyll Road, Edmonton AB T6C 4B2

# AAO Member Resource Order Form

**The completed form can be emailed to alberta.association@optometrists.ab.ca or you can fax to 780.452.9918.**

| | | | |
|---|---|---|---|
| Doctor's Name | | | |
| Clinic Name | | Phone | |
| Contact Name | | Email | |
| Clinic Address | | | |
| City | | Postal Code | |

For use at event/presentation ❑ Name of Event _____
For clinic use ❑

**These resources are provided to members FREE of charge.**

| **SPECIALTY ITEMS** | **Quantity** |
|---|---|
| Eye Anatomy Pads (50 sheets per pad) | |
| Eye Health Cookbooks (Maximum of 50) | |
| Eye Health Referral Form Pads *(Maximum of 10)* | |
| Career in Optometry Package *(handout and brochures; order per student)* | |
| Children's Colouring Books (Maximum of 100) | |
| **BROCHURES *(Bundles of 25)*** | **Quantity** |
| Your Child's Vision & Eye Health | |
| Children's Vision & Electronic Screens | |
| Early Childhood Eye Health | |
| Medical & Urgent Eye Care | |
| Seniors Vision & Eye Health | |
| Your Vision and Your Health | |
| Diabetes & Eye Health | |
| Dry Eye | |
| Digital Eye Strain | |
| Sun Protection | |
| Eye Exams | |

**Please check one:**
❑ **I will pick up from AAO office on the following date**_____
❑ **Ship to above address.**