

SOLCIOE PNF (PROGRAM NEEDS FORM)

State/Country:	Event Dates
Screening Schedule:	Location of Screening
Dates	Time
Clinical Director	Address
Phone day:	
Phone eve	
Fax	
cell phone	
Email	
	Address
SO Program Director:	
Phone /cell phone	
fax	
cell phone	
Email	
	Address
Lions Contact:	
Phone/cell phone	
cell ohone	
Fax	
Email	
Continuing Education:# hours	ADDRESS OF SCREENING SITE
Speaker	
Total No. of Athletes	
What Sports are at your event	
Volunteer Optometrists	
Volunteer Lions	
Other Volunteers	

**\*\*Please indicate where each item is to be shipped ( Clinical Director=CD, SO Program Director=PD, Other=O\*)**

**\*\*Please include any special labeling or shipping instructions for customs**

SCREENING :			
Location:	Date(s)		
	Yes/No	How many	**Shipped to :(put in complete address/Tel/email address
Autorefractor			
Slit Lamp			
Tonometer			
Frames Small/Child			
Frames/Adult			
Sunglasses/Adult			
Sunglass/small			
Cases			
Plano Sport goggles			
Rx'able Sport Goggles			
Swim Goggles			
Lens Kit			
Screening Forms	Use HASS form and make copies locally		
Essilor Lab Forms			
Phoropter Stands			
Color Vision			
Stereo			
Distance Lea			
Near Lea			
Pins			
T-shirt XXL			
T-shirts XL			
T-shirt L			

SOLCIOE PNF (PROGRAM NEEDS FORM)

T-shirt M			
T-shirt S			
SAFILOBANNER	1		
ESSILOR Banner	1		
SOLCIOE Program Banner	Do Not Order if you have one from last year		
Edger/Tech			