

SOLCIOE PNF (PROGRAM NEEDS FORM)- NON-US PROGRAMS

State/Country:	Event Dates
Screening Schedule:	Location of Screening
Dates	Time
Clinical Director	Address
Phone day:	
Phone eve	
Fax	
Cell phone	
E-mail	
	Address
SO Program Director:	
Phone /cell phone	
Fax	
Cell phone	
E-mail	
	Address
Lions Contact:	
Phone/cell phone	
Cell phone	
Fax	
E-mail	
Continuing Education:# hours	ADDRESS OF SCREENING SITE
Speaker	
Total No. of Athletes	
What Sports are at your event	
Will you be edging lenses on-site? YES NO	Address to ship Essilor Lens Kit To:
Volunteer Optometrists	
Volunteer Lions	
Other Volunteers	
IF you are a NON-US program what is your country's electricity requirement? 110 or 220	

****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-large-Adult			
Frames small-			
Cases			
Plano Sport goggles			
Rx'able Sport Goggles			
Swim Goggles			
Sunglasses-Small			
Sunglasses-Large			
Lenses			
Screening Forms	Use only the HASS forms and make copies locally		
Color Vision*			
Stereo*			
Distance Lea*			
Near Lea*			
Pins			
Safilo Banner**		1	
Essilor Banner**		1	
SOLCIOE Banner**	Do not order if you have one from last year		
T-shirt Logo	Make t-shirts locally		

***If you are requesting additional amounts over what was originally given to your program, please explain why.**

**** Please note that only one of each banner is available per program.**

