

Terms of payment please check one: Cheque payable to NACOR _____ Visa _____ Mastercard _____

Credit card number _____

Expiry Date _____ CVV _____

Name of card holder _____

Signature of card holder _____

I authorize the National Association of Canadian Optician Regulators (NACOR) to charge my credit card in the amount of \$ _____ (eyeglass or contact lens exam \$750/ both examinations \$1500)

Applications that do not include the signature of the card holder will not be processed

NACOR will contact you by e-mail to confirm the receipt of your application. Please add jhay@nacor.ca to your address book to ensure that your computer will accept the email. The address you supply will be the address to which all correspondence from NACOR will be sent. You are responsible for informing the NACOR office of any change in personal information.

Candidates who are going to be **applying for registration in Alberta** must be registered as a Provisional Optician with the Alberta College & Association of Opticians (ACAO). For further information on becoming registered as a Provisional Optician contact the ACAO at 780-429-2694 or at general@acao.ca

Candidates who will be **applying for registration in Ontario** must be registered as an Intern Optician with the College of Opticians of Ontario. For further information on becoming registered as an intern, please visit the College's website at www.coptont.org or contact the College by email at registration@coptont.org or by telephone at 416-368-3616.

**Send your completed application form along with payment directly to the NACOR office.
Applications can be sent by fax, mail or email to:**

NACOR Office
2709-83 Garry Street
Winnipeg, MB
R3C 4J9
Ph: 204-949-1950
Toll Free: 1-866-949-1950
Fax: 1-204-949-9153
exam@nacor.ca