



**Working Together to Advance Professional Opticianry Care  
for the State of New Mexico**

**New Mexico's 25<sup>th</sup> Annual Educational Conference in  
Albuquerque, New Mexico!**

**Make your plans now to attend our conference on Saturday, November 11, 2017.  
We would be honored to have you spend the day with us.**

**We welcome all industry contributors and we sincerely thank you for your past and  
present support in helping bring Opticianry education to the state of New Mexico!**

**This conference will sponsor 6 hours of continuing education ABO credits.  
Conference attendees are eyecare professionals from New Mexico and surrounding  
areas. Our conference will offer an excellent opportunity to meet with state wide  
eyecare professionals in one location.**

**We have enclosed the following information.**

- **Sponsorship Donation Form**

**Conference location: SIPI's Science & Technology Building  
9169 Coors Blvd. NW  
Albuquerque, N.M 87120**

**The OANM looks forward to your response.**

*You select your donation to OANM.*

**Donations can be monetary or of promotional gifts for attendees.**

**Please mail all checks/money orders to:**

Samuel Henderson,  
Secretary/Treasurer, ABO, NCLE  
Opticians Association of New Mexico  
10424 Calle Cordoba NW  
Albuquerque, N.M. 87114

Phone: (505) 228-5046  
E-mail : flybo.83@gmail.com



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**Opticians Association of New Mexico, Inc.  
Educational Foundation Funds  
Sponsorship Donation Form**

*(Distribution: top of form to sponsor)*

**TO: Opticians Association of New Mexico Educational Foundation Funds  
FROM: Opticians Association of New Mexico Fundraising Committee  
RE: Tax-deductible Contributions**

**Thank you for your tax-deductible donation to the Optician Association of New Mexico Educational Foundation Funds. Your contribution will help us to meet our educational goals.**

**This receipt verifies your donation for the Optician Association of New Mexico Educational Foundation Funds during the fiscal year of September 30, 2017 through October 31, 2018.**

**Sponsor:** \_\_\_\_\_

**Donation:** \_\_\_\_\_

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*(Distribution: bottom of form to Optician Association of New Mexico, Inc.)*

**Opticians Association of New Mexico, Inc.  
Educational Foundation Funds Control Form**

**Your Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Business/SponsorName:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Donation:** \_\_\_\_\_

**Advertise/Acknowledge Sponsor? Yes \_\_\_\_\_ No \_\_\_\_\_**

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