



93rd International Conference on Light and Vision

Presented by the College of Syntonic Optometry

May 28-30, 2026

Virginia Beach, Virginia

Conference Registration and Attendee Information

1. Syntonic Phototherapy 101 – A **two-day** course providing practical education and theoretical knowledge including the history and basic concepts of Optometric Syntonic Phototherapy, pupil assessment, convergence near point, functional visual field assessment and case syndromes with practicum.

a. **Day 1** will be conducted **virtually** on **May 17, 2026**.

b. **Day 2** will be conducted on **May 28, 2026**, at the 93rd International Conference on Light and Vision.

2. Syntonic Phototherapy 201 – May 28, 2026 – A one-day course providing advanced topics on the use of syntonics in clinical settings.

3. General Conference – May 29-30, 2026 – A two-day course providing advanced education on broad topics related to light, color, and other treatment modalities. Attendees of the Syntonics 101 and Syntonics 201 courses are encouraged to stay for these cutting-edge presentations.

A. Select ONE Registration Category:

Doctor – Syntonics 101 only	\$715	_____
Doctor – Repeating Syntonics 101 only	\$385	_____
Doctor – Syntonics 101 + Conference	\$1,535	_____
Doctor – Syntonics 201 only	\$385	_____
Doctor – Syntonics 201+ Conference	\$1,320	_____
Doctor – Conference only	\$935	_____
Doctor – Conf. only - Not a CSO Member	\$1,045	_____
Therapist - Syntonics 101 only	\$605	_____
Therapist - Syntonics 101 + Conference	\$1,315	_____
Therapist – Syntonics 201 only	\$325	_____
Therapist – Syntonics 201+ Conference	\$1,150	_____
Therapist – Conference only	\$825	_____

B. Add Extras:

_____ Optometry School Student Meals	\$650	_____
_____ Guest Meals	\$650	_____
_____ Extra Banquet Ticket	\$125	_____

Total of A. and B. in US Dollars: _____

Send Check or Credit Card info to the CSO Office

Credit Card number _____

Expiration date _____ Code _____

Zip/Postal code of card billing address: _____



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Attendee Information

Last Name _____

First Name _____

Credentials/Professional Title _____

Email: _____

Mobile Phone _____

OE Tracker # _____

Office Name _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Office Phone _____

Send to:

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