

# VISION SCREENING & ASSESSMENT WORKSHOP

## Garden City, KS

August 9, 2008

### REGISTRATION FORM

***PLEASE PRINT:***

Name as it appears on license \_\_\_\_\_

Professional Title: RN\_\_\_\_ LPN\_\_\_\_ Other \_\_\_\_\_

License Number \_\_\_\_\_

Home Address \_\_\_\_\_  
street city state zip

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_  
street city state zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

*Make checks payable to AHEC Southwest and mail registration, along with \$40 payment, to:*  
**AHEC Southwest  
1501 Fulton Terrace, Suite 1  
Garden City, KS 67846**

Payment, or a copy of your organizations PO, must accompany your registration.

**The AHEC Southwest must receive your registration and payment by August 2, 2008!**

Online credit card registration is available at: <http://kuaheec.kumc.edu/vision.html>

**QUESTIONS? Contact AHEC Southwest  
Phone (620) 275-0259 or Fax (620) 275-2831**