

# VISION SCREENING & ASSESSMENT WORKSHOP

## Kansas City, KS

February 20, 2009

### REGISTRATION FORM

***PLEASE PRINT:***

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

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

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

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

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

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

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

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

*Make checks payable to AHEC East and mail registration, along with \$40 payment, to:*  
**AHEC East  
PO Box 296  
Pittsburg, KS 66762**

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

**The AHEC East must receive your registration and payment by February 13, 2009!**

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

**QUESTIONS? Contact AHEC East  
Phone (620) 235-4040 or Fax (620) 235-4041**