

VISION SCREENING & ASSESSMENT WORKSHOP

Kansas City, KS

March 12, 2010

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 March 5, 2010!

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