

VISION SCREENING & ASSESSMENT WORKSHOP

Salina, KS

October 9, 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 Northwest and mail registration, along with \$40 payment, to:
**AHEC Northwest
205 East 7th, Ste. 130
Hays, KS 67601**

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

The AHEC East must receive your registration and payment by October 2, 2009!

**QUESTIONS? Contact AHEC Northwest
Phone (785) 628-6128 or Fax (785) 628-6034**