

VISION SCREENING & ASSESSMENT WORKSHOP

Garden City, KS

November 19, 2011

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 KUMC AHEC and mail registration, along with \$50 payment, to:
**AHEC Statewide Office
PO Box 296
Pittsburg, KS 66762**

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

The AHEC Statewide Office must receive your registration and payment by November 10, 2011!

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