

Kellogg Eye Center

ON-SITE CONFERENCE REGISTRATION

PERSONAL INFORMATION

Please print clearly.

*denotes required field

*Degree MD DO PhD PA NP RN LPN COT COMT COA (Check all that apply)

*Full Name _____

*Address Home Work _____

*City _____

*State _____

*Zip _____

*Phone Number (cell/home) _____

(fax) _____

*Email Address _____

Specialty: Ophthalmologist Subspecialty _____

Ophthalmic Technician Ophthalmological Nurse Other _____

Course location: Kellogg Eye Center
1000 Wall Street, Ann Arbor, MI
Oliphant-Marshall Auditorium
For directions, please visit:
www.kellogg.umich.edu/patientcare/maps/annarbormap.html

Registration Fee: \$ 125.00

Make checks payable to: University of Michigan

CREDIT CARD PAYMENT: American Express MasterCard Visa

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ 3 or 4 digit code: _____

Signature: _____

Not valid without signature