

CHILDREN'S VISION AND LEARNING CONFERENCE
WICHITA AIRPORT HILTON
OCTOBER 10, 2008

CONFERENCE REGISTRATION FORM

Name: _____ Title: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Type of Education CEU requested:

Nursing (Lic. #: _____) Optometric (OE Tracker #: _____)

Educators should apply for Professional Development Council Points.

Registration Fee: \$75.00

Method of Payment

- Check Enclosed
- Please bill my USD. USD # _____
- Purchase Order Enclosed

Please complete and return to:

Kansas Optometric Association
1266 SW Topeka Boulevard
Topeka, KS 66612
FAX (785) 232-6151

If you have questions, please contact:

Todd Fleischer
(785) 232-0225
todd@kansasoptometric.org



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