

14TH ANNUAL

Children's Vision and Learning Conference

DOUBLE TREE BY HILTON - WICHITA AIRPORT
NOVEMBER 7, 2013

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

Credit Card: Cardholder's Name: _____ Zip Code: _____

Mastercard - Card # _____ Exp. Date _____ CCV# _____

VISA - Card # _____ Exp. Date _____ CCV# _____

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

Sponsored by:
SEE TO LEARN® Foundation
Eye Care Council, Inc.
Kansas Optometric Association

If you have questions, please contact:

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

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