

CHILDREN'S VISION AND LEARNING CONFERENCE  
WICHITA AIRPORT HILTON  
NOVEMBER 17, 2011

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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