

ON-SITE REGISTRATION

PERSONAL INFORMATION

Please print clearly.

*denotes required field

*Degree OD 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 Optometrist Ophthalmic Technician Ophthalmological Nurse

*State of License _____ *License # _____ *ARBO # _____

November 10, 2019 Evidence Based Approach to Improving Patient Outcomes

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

\$65 - On-site Registratation Fee

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: _____

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