

91st Annual Spring Postgraduate Conference On-site Registration

*denotes required field

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

*Full Name _____

*Address _____

*City _____ *State _____ *Zip _____

*Phone Number (cell/home) _____ (fax) _____

*Email Address _____

Specialty: Ophthalmologist Subspecialty _____

Ophthalmic Technician Ophthalmological Nurse Other _____

REGISTRATION FEE AND PAYMENT

Please enclose a check (U.S. Currency) payable to the University of Michigan or pay by credit card below. Payment must accompany registration.

	Physician	Retired Physician, Nurse, Allied Health	Physician-in-Training, Military Physician
After May 24, 2019	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$25

Credit Card Payment: American Express MasterCard Visa

Cardholder Name _____

Card Number _____

Expiration Date _____ 3 or 4 digit code _____

Signature _____

Not valid without signature