

Registration Form

August 28, 2010

10th Annual Optometric Educational Symposium

***\$50.00 Fee** includes: Continental Breakfast,
Lunch and Educational Materials.*

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Payment Type: Check VISA MC Discover
(Circle One)

Make checks payable to M.L.E.A.(Michigan Laser
Eye Associates)

Name of Cardholder _____

Credit Card Number _____

Expiration Date _____

Signature _____

Registration Fee after August 13 is \$60.00.

Please mail or fax registration fee to the below
address or fax number. You may also register by
phone to Diane Wilson at 800-926-7966.

3390 E. Jolly Rd
Lansing, MI 48910

Phone: 517-393-2020

Fax: 517-393-5050