# WAO Spring 2010 Coding Seminars
# REGISTRATION FORM

Please complete the registration form below and return together with your registration fee to:

*Wisconsin Academy of Ophthalmology - Administrative Office*
*10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061-1730*

Space is limited, so be sure to respond promptly!

**Print**

Do not write in space below

***If paying by credit card, you may fax your form to: 847/680-1682***
***You may complete this form on your computer and print or fill it out by hand.***

| | |
|---|---|
| **Practice name** | |
| **Office Address** | |
| **City/State/Zip** | |
| **Office contact information** | *Phone:* *Fax:* *Email:* |
| **WAO *practice* member?** Resident or Fellow? | ☐ Yes ☐ No ☐ Wish to join ☐ Resident ☐ Fellow |

## REGISTRATION & FEES

If you need more space, copy this form and attach. Individual fees may be combined into one check.

**SESSIONS***:* 1 = Appleton 2 = Milwaukee area

| **Attendee's Name** (please print!) | **Session *(circle all that apply)*** ~~*Pick session from reverse side*~~ | **Registration fee** |
|---|---|---|
| _____ | ☐ 1 ☐ 2 | _____ |
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|---|---|
| **Total registration fee enclosed . . . . . .** *Make your check payable to the "Wisconsin Academy of Ophthalmology"* | **$** 0.00 ☐ Check ☐ Visa ☐ MasterCard ☐ Discover |

Credit Card # | | | | | | | | | | | | | | | | | | | | Exp. Date | | / | | |

Security Code (on back of card) | | | |

Name on card: _____

Address on card (if different from above: _____