

**PARS PLANA VITRECTOMY  
FOR ANTERIOR SEGMENT SURGEONS  
2010 Registration Form**



(Indianapolis is on Eastern Time and Observes Daylight Saving Time)

<b>NAME (For Name Badge):</b>	
<b>NAME (For Certificate):</b>	
<b>COMPANY / PRACTICE NAME:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY, STATE, ZIP CODE:</b>	
<b>COUNTRY:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>CELL PHONE NUMBER:</b> For use only if needed during your stay.	
<b>E-MAIL:</b> Participant	
<b>E-MAIL:</b> Assistant or Administrator	
<b>DIETARY RESTRICTIONS:</b>	

**July 20, 2010  
Tuesday**

**Registration Fee: \$2,000**

<b>Type of Card:</b>	<b>(Visa/MC only)</b>	<b>V Code:</b>
<b>Credit Card Number:</b>		
<b>Name on Card:</b>		
<b>Expiration Date:</b>		<b>Billing Zip Code:</b>

4-1-09

Please fax or email this completed form as soon as possible to secure your reservation.  
*Do not finalize your travel arrangements until you receive notification that your course reservation is confirmed.*

**Payment is required in advance.** To guarantee your reservation, we must receive your credit card information above, or your check, payable to Price Vision Group in the amount of US \$2,000, to:

Wendy Mickler  
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(Tel) 1-317-814-2823 • (Fax) 1-317-844-5590  
[wendymickler@pricevisiongroup.net](mailto:wendymickler@pricevisiongroup.net)