Registration



Mail, e-mail or fax registration form to: Stacy at stacy.deiss@rc-stl.com 1600 S. Brentwood Blvd., Suite 800 St. Louis, MO 63144

Fax: 314-962-3420

Registration deadline: Sept. 1, 2018

* REGISTRATION REQUIRED *

first name	m. initial	last name	degree
street address			
city/state/zip cod	de		
phone/fax			
e-mail (mandato	ry)		DE Number
Please check th	ne appropriate box		
ophthalm	nologist	netrist health	care provider
scientist	nurse	ophtha	lmic technician
(Ophthalmic technic	cians and nurses will receiv	e 1/2 credit per AMA PRA	Category 1 Credits™)
medical school graduate of & year			
There is no charge for CME credits, enrollment, refreshments or lunch			

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Please check the appropriate box

Saturday meeting _____ a.m. _____ p.m.

Saturday lunch _____ yes _____ no

Eric P. Newman Education Center 320 S. Euclid Avenue St. Louis, MO 63110

Parking available in the Metro Garage (Childrens' Place & Taylor) or in the North Garage (Euclid & Forest Park). PARKING WILL BE VALIDATED 10% discount on OMIC premium for current MoSEPS members who attend this risk management talk, as well as for certain other state ophthalmic society members. 5% discount for non-ophthalmic society membership. If you are a member of another state or specialty society, contact Linda Nakamura (Inakamura@omic.com; 800.562.6642, extension 652) to see if you are entitled to an OMIC discount.