



## Fast Track Seminar Registration Application for Admission

### ■ Course Topics Include

- State of the Elective Refractive Surgery Market
- The iLASIK Advantage
- Positioning RIOLs in Your Practice
- Using Great Customer Service to Drive Word-of-Mouth

### ■ 2008 Course Dates/Locations (Please check the course location you plan to attend.)

<input type="radio"/> <b>April 23, 2008 8:30am-3:30pm</b> <b>Los Angeles, CA</b> The Renaissance Montura at LAX 9620 Airport Blvd. Los Angeles, CA 90045 310.337.2800	<input type="radio"/> <b>May 13, 2008 8:30am-3:30pm</b> <b>St. Louis, MO</b> Marriott St. Louis West 660 Maryville Centre Drive St. Louis, MO 63141 314.514.6183	<input type="radio"/> <b>June 10, 2008 8:30 am-3:30pm</b> <b>Minneapolis, MN</b> Minneapolis Marriott 2020 American Blvd. East Bloomington, MN 55425 952.854.7441
<input type="radio"/> <b>August 6, 2008 8:30 am-3:30pm</b> Las Vegas, NV	<input type="radio"/> <b>September 9, 2008 8:30 am 3:30pm</b> Newark Airport Marriott Newark, NJ 07114 973.623.0006	<input type="radio"/> <b>October 8, 2008 8:30 am-3:30pm</b> Marriott Charlotte South Park 2200 Rexford Road Charlotte, NC 28211 704.364.8220

### ■ How to Register

Please complete and fax back/return registration form to Marie Duhart at fax # (949) 859-1749.

If you have any questions, please call Marie at (949) 859-5230, ext. 427. **Register today, space is limited.**

For additional information about AMO's Practice Development Program please visit: [www.AMOAdvantage.com](http://www.AMOAdvantage.com)

### ■ Attendee Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Position: \_\_\_\_\_

Center or Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ AMO Certified MD Name: \_\_\_\_\_

Yes. Please,  e-mail  fax me information about Refractive Practice Development Programs and Events.

If by fax, please sign approval: \_\_\_\_\_

### ■ Payment Information *Enrollment fee is \$100 per person. (Includes: Continental Breakfast and Lunch.)*

VISA  Master Card  American Express Comments: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date (MM/YY) \_\_\_\_\_

Cardholder's Name (Print): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

AMO Sales & Service, Inc. reserves the right to review all applications to assess suitability for participation in AMO University™ Practice Development Seminars. Admission or attendance may be refused. In certain circumstances, at AMO's sole discretion, the tuition may be refunded. 2008.01.04-IL200