STUDT PRACTICUM REGISTRATION FORM

The Studt Foundation Practicum Fees

*DOCTORS & OTHER PROFESSIONALS: $40.00
ASSISTANTS & VISION THERAPISTS: $25.00
STUDENTS: $5.00

NAME OF PERSON(S) ATTENDING: TITLE:

1._____ _____

2._____ _____

3._____ _____

4._____ _____

PLEASE PRINT LEGIBLY SO WE CAN MAKE YOUR NAME BADGE IN ADVANCE

*If you are a doctor and require CE, please include your CA License # next to your name.

The Studt Foundation Vision Therapy Practicum

FOR DOCTORS, ASSISTANTS, VISION THERAPISTS & OTHER PROFESSIONALS

MAKE YOUR CHECK PAYABLE TO: **THE STUDT FOUNDATION**

PLEASE SEND YOUR CHECK ALONG WITH THIS FORM TO:
ALBERT CHUN, O.D.
3537 TORRANCE BLVD. SUITE 18, TORRANCE, CA 90503

PLEASE NOTE: REGISTRATION IS DUE BY THE WED. PRIOR TO THE SEMINAR

IF LATE, YOU MAY REGISTER AT THE DOOR (SPACE PERMITTING)
OR CALL ALBERT CHUN, O.D. AT (310) 543-3555
OR E-MAIL DR. CHUN AT: southbayoptometry@gmail.com
OR FAX TO: (310) 540-8363