

**May 19, 2009**  
**UH Chagrin Highlands**



**YES, I WILL ATTEND**

**\$25 per lecture**; check or money order made payable to:  
**University Hospitals Case Medical Center**  
(with CME Optom. Lecture in the subject line)  
must be enclosed to secure your reservation.

***Fees are non-refundable***

Mail to:

**UH Eye Institute**  
**Susan Licate**  
Business Development Office  
11100 Euclid Avenue – **LKSD 4119**  
Cleveland, OH 44106-5068

Name \_\_\_\_\_

Addr. \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

PH (    ) \_\_\_\_\_

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*Please check if this is new or updated information*

Regrettably, we are unable to neither accommodate walk-ins nor refund no-shows. *Your canceled check will serve as your receipt.*

*Please allow 3-5 business days for processing.*

*We are not responsible for lost or untimely delivery.*