UCLA STEIN EYE INSTITUTE

OPTOMETRIC CONTINUING EDUCATION REGISTRATION FORM

Ophthalmic Clinical Conference

Name:		
	please print clearly	
Last 4 Dig	gits of SSN:	
California	Optometry License Number:	
Address:		
Phone:		
Fax:		
E-Mail:		

TO RECEIVE CE CREDIT, THIS FORM MUST BE COMPLETED AND RETURNED TO:

Debbie Sato
Doris Stein Research Center
200 Stein Plaza #2-316
Los Angeles, CA 90095
Phone (310) 825-4617
Fax (310) 206-8015