

**VIRGINIA SOCIETY OF OPHTHALMIC MEDICAL
PERSONNEL**

2010 REGISTRATION FORM

**Boars Head Inn
Charlottesville, VA**

June 11 – 12, 2010

Name/Certification: _____

Address/City/State/ZIP: _____

Contact Phone: () _____

Email address: _____

Practice Name/Address: _____

Registration fee: Members \$300.00

Registration fee: Non-members \$350.00

ONLY cash or checks payable to
VSOMP
accepted for dues and registration
NO CREDIT/DEBIT CARDS ACCEPTED

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VSOMP
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Richmond, VA 23228