

Practice Perfect Summer Seminar

A special program sponsored by the Society for Excellence in Eyecare and open to all ophthalmic administrators, billing personnel and counselors (physicians welcome)

First attendee from Practice \$395 x 1 \$ _____
Each Additional practice attendee \$195 x 1 \$ _____

Name _____

Additional Name(s) _____

Practice _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

*Space is
Limited*

Payment Information **Total Due** \$ _____

- Check made payable to Society for Excellence in Eyecare
 Visa Mastercard American Express

Credit Card Number _____ Expiration _____

Name on Card (please print) _____

Signature _____

Mail form & check to SEE, P.O. Box 2153, Goodlettsville, TN 37070-2153

~ OR ~

Fax form & credit card information to SEE at (615) 859-3941

Questions? Please Call Jennifer Morris at (615) 892-0863

Please call (904) 249-7402 to reserve your room at

One Ocean Resort Hotel & Spa

1 Ocean Boulevard

Atlantic Beach, Florida

**SOCIETY FOR
EXCELLENCE IN
EYECARE**

Room rate is \$139 plus applicable taxes and service charges. 24 hour cancellation policy in effect.

Rooms must be reserved by July 14, 2011. Please mention Society for Excellence in Eyecare to receive the group rate.