

University Health Services Professional Education Programs (UHS-PEP)
of Virginia Commonwealth University Health System

VERIFICATION OF PARTICIPATION

28th Annual Scientific Meeting -- *Back to the Future.... What Does It Hold for Subspecialties?*

Virginia Society of Eye Physicians & Surgeons: PO Box 3268, Glen Allen, VA 23058 (804) 261-9890 ● fax (804) 261-9891
www.vaeyemd.org

PLEASE READ:

University Health Services Professional Education Programs (UHS-PEP) maintains records of learner participation for six years. IN ORDER TO CONFIRM YOUR PARTICIPATION AND APPLICABLE CREDIT IN THIS ACTIVITY, **YOU MUST COMPLETE, SIGN, AND RETURN THIS FORM** TO THE CONFERENCE REGISTRATION DESK. A certificate of participation will be mailed to you within 4 weeks.

- UHS-PEP designates this live activity for a maximum of **14 AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

ALL FIELDS MUST BE COMPLETED FOR CREDIT TO BE RECORDED

										VSEPS 28th Annual Scientific Meeting Williamsburg, VA			
First Name			MI	Last Name			<i>[COURSE NUMBER]</i>			June 3-4, 2011			
										Must Be Completed By Attendee			
Mailing Address										hours			<input type="radio"/> CME <input type="radio"/> CEU Type of Credit You Wish to Claim (check all that apply)
										# of Hours YOU Actually Spent in this Activity			
City		State		Zip		Country		Degree(s)		Specialty/Certification			
										X			
Daytime Area Code / Phone / Ext.			Fax Number			Email			Attendee's Signature				