

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

**VERIFICATION OF PARTICIPATION**

**29<sup>TH</sup> ANNUAL SCIENTIFIC MEETING – PEARLS & PITFALLS**

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 **14.50 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**

<b>29<sup>th</sup> Annual Scientific Meeting – Pearls &amp; Pitfalls</b>										
<b>Sheraton National Hotel, Arlington, VA</b>										
First Name		MI	Last Name			<i>[COURSE NUMBER]</i>	<i>June 22 – 23, 2012</i>			
							<b>Must Be Completed By Attendee</b>			
Mailing Address							<b>hours</b>	<input type="radio"/> <b>CME</b> 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			
Daytime Area Code / Phone / Ext.							<b>X</b>		Attendee's Signature	