

**BREAKOUT SESSION  
PRE-REGISTRATION FORM**

**NCSOS ANNUAL SPRING CONGRESS  
June 4-6, 2010**

**PLEASE INCLUDE THIS FORM  
WITH YOUR CONGRESS REGISTRATION**

***Registration will be limited***

**Please indicate if you wish to attend:**

<b>SATURDAY, JUNE 5</b>		
	<b>2:00 pm - 4:00 pm</b>	<b>“How to Convert your Office to EMR”</b>

**OD NAME** \_\_\_\_\_

**FAX NUMBER** \_\_\_\_\_

**North Carolina State Optometric Society  
P. O. Box 1206  
Wilson, NC 27894**

**252-237-9233 - Fax**