

Cleveland Sight Center  
Spring Conference  
April 19, 2010

REGISTRATION FORM

Name: \_\_\_\_\_ Position: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Phone: \_\_\_\_\_

My choices for breakout sessions include: A      B      C      (circle 2)

Enclosed is payment:

PO# \_\_\_\_\_

Check # \_\_\_\_\_  
(payable to Cleveland Sight Center)

Return to:  
Cleveland Sight Center  
Attn: Lorie Marsalis  
1909 E. 101 St.  
Cleveland, OH 44106

\$15.00 – includes lunch & materials\*

\$25.00 – includes lunch, materials\* & CEUs (for OTs & PTs)

\*Please indicate if special format is needed.