



Connecticut Society of Eye Physicians

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Representatives Registration Form

Fax to 860-567-3591 or Email debbieosborn36@yahoo.com

Please read the statements below, check off what applies, sign this form and fax it back to 860-567-3591
no later than 30 days prior to the event

- _____ I will be needing an electrical outlet and I am sending back the electrical outlet request form along with payment
- _____ I will not be needing an electrical outlet.

Please type or print the names of the representatives that will be coming to the Aqua Turf Club in Plantsville, CT

Name

Email address

Company Name _____

Email Address _____

Phone number _____

Fax number _____

Signature

Date