**PROS BRUNCH**

**Sunday, November 5, 2017**

**Wills Eye Hospital**

**840 Walnut Street, 8th Floor Auditorium**

**Philadelphia PA 19107**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ PROS Member \_\_\_\_ Non-Member

Free for PROS Members ($40 dues must be up to date) Non-members $50, please enclose a check

Deadline to register is October 30, 2017. No refunds will be given after that date.

This course has been submitted to JCAHO for consideration of CE credit.

Email responses to: mmassini@willseye.org or fax 215-592-1923