

## VERIFICATION OF PARTICIPATION

Virginia Society of Ophthalmology  
 PO Box 3268, Glen Allen, VA 23058  
 Phone: (804) 261-9890; Fax: 804-261-9891

**PLEASE READ:**

Virginia Commonwealth University (VCU) 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.

- Physicians may claim **up to 12.5 hours in Type 1 or Type 2 CME** on the Virginia Board of Medicine Continued Competency and Assessment Form required for renewal of an active medical license.
- VCU designates this educational activity for a maximum of **12.5** AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
- This continuing education activity meets the criteria of Virginia Commonwealth University and the Southern Association of Colleges and Schools. **1.25** CEUs will be awarded and recorded with the University.

### ALL FIELDS MUST BE COMPLETED FOR CREDIT TO BE RECORDED

				<p><b>Virginia Society of Ophthalmology 23rd Annual Meeting</b>  <b>Virginia Beach, VA</b>  <b>June 23-24, 2006</b></p>	
<b>Last 4 Digits of Soc. Sec. No.</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Must Be Completed By Attendee</b>	
Mailing Address				<p><b>hours</b></p> <p># of Hours YOU Actually Spent in this Activity</p>	<p><input type="radio"/> <b>CME</b>    <input type="radio"/> <b>CEU</b></p> <p>Type of Credit You Wish to Claim (check all that apply)</p>
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Country</b>	<p>Degree(s)                      Specialty/Certification</p>	
Daytime Area Code / Phone / Ext.                      Email				<p><b>X</b></p> <p>Attendee's Signature</p>	