



INSIGHT VISION GROUP

20th Annual Vision Congress Optometric Continuing Education October 8, 2023

Name of Doctor(s) Attending Event: _____

Type	Quantity	Fee	Total
Event Registration Fee	1	\$75.00	\$75.00
Payment Due upon Receipt		Total	\$75.00

Please make check payable to Insight Vision Group.

For Credit Card Payment, please complete the following information:

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____

Exp Date: ___/___/___ CV Code: _____ Amount to Charge: _____

Signature Approving Payment: _____

Please mail check payment to:
Insight Vision Group
Attention: Brooke Sweetwine
11960 Lioness Way, Suite 190
Parker, CO 80134

Please FAX Credit Card Payment to:
303.347.1341 Attn: Brooke
or Email Completed Form to:
bsweetwine@insightvisiongroup.com

Questions? Contact Amy Johnson, 720.271.7815, or at ajohnson@insightvisiongroup.com.

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