

**Vision Health International
Announces Eye Projects
for 2008 - 2009**

Guatemala	Peru	Costa Rica
Work Area to be Determined Feb 28 – March 7, 2009	Piura August 16 – 23, 2008 July 18 – 25, 2009	Limon Sept 28 – Oct 4, 2008
All Personnel Needed	Surgical Trip Only	All Personnel Needed

Ophthalmologists
Anesthesiologists
Anesthetists
Scrub Techs and OR RNs
Recovery Room Nurses
Clinic Personnel
Translators

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Participant Costs

\$650 MDs - \$450 All Others (subject to change)
Includes food, lodging, transportation in-country
Roundtrip airfare home city to capital city
Personal incidentals and expenses

More Information

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713 864 1640 (home)
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**Vision Health International
Registration Form
2008-2009**

Contact Information **Communication by email is preferred. Please provide an email address if available. We will only send necessary messages.**

Name: _____ **Date:** _____

Address: _____ **Home phone:** _____

City: _____ **State:** _____ **Zip:** _____ **Cell phone:** _____

Email: _____ **Office phone:** _____

Profession: **Ophthalmologist** **Anesthesiologist** **Registered Nurse**
 Surgical Technician **OR Circulator** **Clinic Personnel** **Spanish Translator**

Registration I am interested in the **2009 Guatemala** trip I am interested in the **2008 Peru** trip I am interested in the **2008 Costa Rica** trip
 I am interested in the **2009 Peru** trip

Payment Enclosed is a non-refundable deposit of \$50 per person
 Enclosed is my payment in full in the amount of \$_____

Make checks payable to: Vision Health International

Credit card: Master Card Visa Discover Amex

Account #: _____ Exp: _____

Name on card: _____

Mail this form and your payment

Fax or Email this form and payment

**Vision Health International
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Houston, Texas 77007**

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