



**MASON CVS TRAINING REGISTRATION**

**Please return to: Prevent Blindness Oklahoma  
6 NE 63<sup>rd</sup> Street, Suite 150  
Oklahoma City, OK 73105**

**OR fax to: (405) 848-6935**

**NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** (\_\_\_\_) \_\_\_\_\_

**CELL:** (\_\_\_\_) \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**LODGE NAME & NUMBER:** \_\_\_\_\_

**DATE OF CLASS:** \_\_\_\_\_

**CIRCLE ONE: TRAINING OR RECERTIFICATION TRAINING**