



Vision West “PAY YOUR DUES” Contest

ENTRY FORM

YES - Count me in for the “Pay Your Dues” Contest!

Over the next 3 months I will make a commitment to increase the billings for my practice through my Vision West account.

Name _____

Practice Name _____

Telephone: _____ Email Address: _____

VWI Account # _____

Signature _____ Title _____ Date _____

The winner will be notified by email on January 16, 2009.

Please fax completed Entry Form to Laura Dorris at (760) 639-1517.

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www.vweye.com