

EVENT SIGN-IN SHEET

GLAUKOS
TRANSFORMING VISION

EVENT

Event Name (Must agree with name in MedCompl)

SPEAKER PROGRAM

Practice or Venue Name

DR JAMES MONROE

Date (MM/DD/YY)

09/31/24

Practice or Venue Street Address

1234 MAIN

City

THOUSAND OAKS

State

Zip

CA 91360

Attendee Name (First name, last name)

Phillip McCracken

Attendee Signature (Required)

Phillip McCracken

Title (Check one)

☒ Medical Doctor ☐ Doctor of Optometry ☐ Physician Assistant ☐ Nurse Practitioner ☐ Certified Registered Nurse Anesthetist ☐ Other (Registered Nurse, Technician, Office Staff)

NPI Number or State License Number (NPI number required for titles in BOLD above)

789653

State

Attendee Name (First name, last name)

Drew Dotz

Attendee Signature (Required)

Drew Dotz

Title (Check one)

☐ Medical Doctor ☒ Doctor of Optometry ☐ Physician Assistant ☐ Nurse Practitioner ☐ Certified Registered Nurse Anesthetist ☐ Other (Registered Nurse, Technician, Office Staff)

NPI Number or State License Number (NPI number required for titles in BOLD above)

956379

State

Attendee Name (First name, last name)

LARRY BIRD

Attendee Signature (Required)

Larry Bird

Title (Check one)

☐ Medical Doctor ☐ Doctor of Optometry ☒ Physician Assistant ☐ Nurse Practitioner ☐ Certified Registered Nurse Anesthetist ☐ Other (Registered Nurse, Technician, Office Staff)

NPI Number or State License Number (NPI number required for titles in BOLD above)

634789

State

Attendee Name (First name, last name)

DICK TRICKLE

Attendee Signature (Required)

Dick Trickle

Title (Check one)

☐ Medical Doctor ☐ Doctor of Optometry ☐ Physician Assistant ☒ Nurse Practitioner ☐ Certified Registered Nurse Anesthetist ☐ Other (Registered Nurse, Technician, Office Staff)

NPI Number or State License Number (NPI number required for titles in BOLD above)

537123

State

Attendee Name (First name, last name)

Dale EARNHART

Attendee Signature (Required)

Dale Earnhart

Title (Check one)

☐ Medical Doctor ☐ Doctor of Optometry ☐ Physician Assistant ☐ Nurse Practitioner ☒ Certified Registered Nurse Anesthetist ☐ Other (Registered Nurse, Technician, Office Staff)

NPI Number or State License Number (NPI number required for titles in BOLD above)

333333

State

Attendee Name (First name, last name)

Michael JORDAN

Attendee Signature (Required)

Michael Jordan

Title (Check one)

☐ Medical Doctor ☐ Doctor of Optometry ☐ Physician Assistant ☐ Nurse Practitioner ☐ Certified Registered Nurse Anesthetist ☒ Other (Registered Nurse, Technician, Office Staff)

NPI Number or State License Number (NPI number required for titles in BOLD above)

375763

State

ATTENDEES