

ANNOUNCING  
THE VOSH/SOUTHEAST MISSION TO \_\_\_\_\_

When: \_\_\_\_\_

Cost: Cost is \_\_\_\_\_ for the clinic week which will encompass round trip airfare to \_\_\_\_\_, \_\_\_\_\_, eyeglasses for the clinic, ground transportation, accommodations, meals, mission shirt, travel insurance, mission fee, membership in VOSH/Southeast along with \_\_\_\_\_ days at \_\_\_\_\_ following the clinic. The only cost beyond the mission fee are \_\_\_\_\_

Where: \_\_\_\_\_

Host: \_\_\_\_\_

Clinic Leader \_\_\_\_\_

Mission leader \_\_\_\_\_

Payment: \$ \_\_\_\_\_ non-refundable deposit with the reservation

FINAL PAYMENT IS DUE \_\_\_\_\_