

# RSVP



## *WDS Practice Enhancement Reception*

Please return this response card in the enclosed envelope. If you have any questions, contact Lindsay Johnson at 1-877-WDS-ROSE.

*Thursday, February 19, 2009  
6:30 p.m. - 8:00 p.m.*

**Kindly respond by February 12, 2009.**

*Office of Bryna Kane, MD  
Laser Skin Care Center &  
Dermatology Associates  
3918 Long Beach Blvd, Suite 200  
Long Beach, CA 90807*

Yes, I will attend \_\_\_\_\_ Number attending \_\_\_\_\_

Your Name \_\_\_\_\_

Your Guest(s) \_\_\_\_\_