



**MIGS-travaganza 2020: A New Hope**

Bascom Palmer Eye Institute, Miami, FL

January 25, 2020

*Registration is limited, so please register early.*

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Last Name/First Name *(as you wish it to appear on your name badge)*

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Degree(s)

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Birth month/day (MM/DD) *(for record keeping purposes only)*

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Specialty/Sub-specialty

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Affiliated Institution

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Address

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City/State

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Country/Zip or Postal Code

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Office Phone

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Office Fax

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E-mail Address *(Required)*

**REGISTRATION:  \$250**

Enclosed is my check payable to:  
Bascom Palmer Eye Institute/Glaucoma 2020

Please bill my credit card:  
 Mastercard     Visa     American Express

Card number: \_\_\_\_\_

Security code: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

**By Fax:** Please complete this registration form with your credit card payment and fax to 305-326-6518.

**By Mail:** Please complete this registration form and return with your check or credit card payment to:

Bascom Palmer Eye Institute, Continuing Medical Education Dept., 900 NW 17<sup>th</sup> Street, Suite 6, Miami, FL 33136

(Attn: Danicza Zupcic). You will receive confirmation of your registration by e-mail within 14 days. If you do not receive your confirmation, please call ☎(305) 326-6110 or e-mail [bascompalmercme@miami.edu](mailto:bascompalmercme@miami.edu).