

**55<sup>th</sup> Annual Residents' Day**

June 15, 2019

Jose Berrocal Auditorium, Bascom Palmer Eye Institute, Miami, FL

*Registration is limited, so please register early.*

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

\_\_\_\_\_  
Degree(s)

\_\_\_\_\_  
Last Four Digits of Social Security Number *(for record keeping purposes only)*

\_\_\_\_\_  
Specialty/Sub-specialty

\_\_\_\_\_  
Affiliated Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Country/Zip or Postal Code

\_\_\_\_\_  
E-MAIL ADDRESS *(confirmations and CME certificates will be sent via email)*

**REGISTRATION**

\$225 BPEI Alumni Association Member

\$250 Non-Member

\$150 Friday Night Dinner (per person)

\$150 Spouse or Guest Attending  
Dinner

**TOTAL \$** \_\_\_\_\_

**PAYMENT**

Enclosed is my check payable to:

Bascom Palmer Eye Institute/Residents' Day

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).