

**54th Annual Residents' Day**

June 16, 2018

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

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Office Fax

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

**REGISTRATION**

- ☐ \$300 BPEI Alumni Association Member
- ☐ \$325 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 Alumni Association

- ☐ Please bill my credit card:

☐ Mastercard      ☐ Visa      ☐ American Express

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

Billing address zip code: \_\_\_\_\_

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., 1400 NW 10<sup>th</sup> Avenue, Suite 508, 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).