

Interactive Consultations in Cornea and Refractive Cataract Surgery

February 22-23, 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

Office Phone

Office Fax

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

REGISTRATION: \$300

☐ Enclosed is my check payable to:
Bascom Palmer Eye Institute/Cornea Refractive Cataract Surgery

☐ 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:

BPEI, Continuing Medical Education Dept., 1400 NW 10th 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.