

**Keratoconus: Basics and New Advances, An Interactive Course and Wet Lab**

March 23, 2019

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: \$250**

- ☐ Please bill my credit card:  
☐ Mastercard ☐ Visa ☐ American Express

- ☐ Enclosed is my check payable to:  
Bascom Palmer Eye Institute/Keratoconus2019

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., 900 NW 17<sup>th</sup> Street, Suite 6, Miami, FL 33136

(Attn: Karen Davila)

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).