

## Registration Form

**Bascom Palmer Eye Institute**  
**XLI Inter-American Course in Clinical Ophthalmology**  
**October 20-23, 2019, DoubleTree by Hilton Miami Airport, Miami, FL**

*Please return to:*

XLI Inter-American Course in Clinical Ophthalmology  
Continuing Medical Education, 900 NW 17<sup>th</sup> Street, Suite 6, Miami, FL 33136  
Email: [Curso@med.miami.edu](mailto:Curso@med.miami.edu) Fax: (305) 326-6518

**PLEASE PRINT CLEARLY**

**Have you previously attended Curso?** ☐ Yes ☐ No Last year you attended \_\_\_\_\_

\_\_\_\_\_  
Last Name (as you wish it to appear on your certificate) Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Province Postal Code Country

\_\_\_\_\_  
E-mail Address (confirmations will be sent via email within 14 days)

**Registration Fee:**

*\*In case of cancellation by the attendee, the registration fee will not be refunded.*

☐ Received on or before Sep. 27 **US\$575** \_\_\_\_\_

☐ Received after Sep. 27 **US\$675** \_\_\_\_\_

☐ **Optional Course**  
**Visual Electrophysiology** Additional  
Tuesday 8:00 am – 4:00 pm **US\$50\*** \_\_\_\_\_  
*\*If not registered for Curso,  
the fee will be US\$150.*

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

**Form of Payment:**

☐ MasterCard ☐ Visa ☐ American Express

*\*No personal checks or cash please*

\_\_\_\_\_  
Credit card number

\_\_\_\_\_  
Expiration date

\_\_\_\_\_  
Security code

\_\_\_\_\_  
Name of cardholder

\_\_\_\_\_  
Signature of cardholder

You will receive confirmation of your registration by e-mail within 14 days. If you do not receive your confirmation, please send us an e-mail at [Curso@med.miami.edu](mailto:Curso@med.miami.edu)