



## Interactive Consultations in Cornea, Cataract and Refractive Surgery 2020

February 21-22, 2020

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)

\_\_\_\_\_  
Birth month/day (MM/DD) *(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 *(Required)*

### REGISTRATION: \$300

Enclosed is my check payable to:  
Bascom Palmer Eye Institute/Cornea 2020

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 17th 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).