



**Retina Case Conference 2019**

May 18, 2019

The Ritz-Carlton Golf Resort, Naples, 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: \$350**

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

- Enclosed is my check payable to:
- Bascom Palmer Eye Institute/Retina Case 2019

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 17th 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).