

49th Annual Residents' Days

June 14-15, 2013

Jose Berrocal Auditorium, Bascom Palmer Eye Institute, Miami, FL Registration is limited, so please register early.

r name badge)
Digits of Social Security Number (for record keeping purposes only)
Office Fax
ne sent via email)
PAYMENT
☐ Enclosed is my check payable to:
Bascom Palmer Eye Institute Alumni Association
☐ 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., 1120 NW 14th Street, Suite 1558, Miami, FL 33136

(Attn: Mari D. Fernandez)

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.