The Wills Eye Institute *35th Annual Ophthalmology Review Course:*
February 12 – 16, 2011
Since 1975, Wills has offered this course as a Comprehensive and Intensive Review of Ophthalmology for Practicing Ophthalmologists, Residents and Fellows

REGISTRATION FORM

Please use tab keys

Name: First MI Last

Medical Degree: ☐ MD ☐ DO ☐ FRCS ☐ Other:

Address

City State/Province Zip/Postal Code Country

Telephone FAX E-mail

Registration Fee $800.00 (U.S. Funds)
Registration fee includes course syllabus, daily continental breakfast and lunch
Payment Method:

☐ Check payable to: **Wills Eye Institute***

☐ Credit Card Payment: Please charge my credit card **$800.00**
☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder's Name:

Card # (insert space/dash between groups of numbers):

Exp Date:

Cardholder's Signature_____

***Mail check to:** Lucia M. Manes, Meeting Planner
Department of Continuing Medical Education, Suite 800
Wills Eye, 840 Walnut Street
Philadelphia, PA 19107-5109

Credit card payment: ***FAX: 215.825.4732***

Further Information: lmanes@willseye.org T: 215.440.3168

Office use only: *6.10*
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