

**The Wills Eye Institute 35th Annual Ophthalmology Review Course:
February 27 – March 3, 2010**

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

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

6.09

Office use only:

Rcv'd: _____ Date Ack: ___mail ___fax ___e-mail Note: _____