



Wills Eye Hospital

America's First World's Best

Atlantic Coast Retina Club and Macula Meeting 2018

January 11-13, 2018

Wills Eye Hospital- Philadelphia, PA 19107

Title Last Name First Name Middle Initial

Affiliation/Organization

Mailing Address

City State Zip Code Country

Phone Fax Email

Work Home Cell

Please register me for the following: (Fee Category #1)

- Complimentary - Atlantic Coast Retina Club-Resident and Fellow Cases-Thursday, January 11, 2018**
- Complimentary - Atlantic Coast Retina Club - Interesting Case Presentations-Friday, January 12, 2018**
- Macula Meeting 2018-Saturday, January 13, 2018**
 - \$350.00-Practicing Physicians**
 - \$250.00-Current Residents and Fellows** (with a letter from Program Chair)

I would like to present a case on: Thursday, January 11 Friday, January 12

Case Title

Case Category (required) Congenital Inflammatory Vascular Degenerative
 Macular Tumor Surgical Mystery Case

Register me for the following social event: (Fee Category #2)

- \$250.00/ticket-Closing Night Reception-Museum of the American Revolution-Saturday, January 13, 7pm-11pm**

Number of tickets

Payment Options

Credit Card Payment: Visa Master Card American Express Discover

Card Holder's Name

Credit Card Number Expiration Date (mm/yy) CVV/Security Code

Fax Form to: (215) 825-4732

Check payable to: **Wills Eye Hospital
Department of CME
840 Walnut Street, Suite 800
Philadelphia, PA 19107-5109**

To return this form, click on the 'E-Mail Form' button to the right, which will pre-address an e-mail to vwurst@willseye.org with the form attached. Or, you may print the form by clicking on the 'Print Form' button to the right and fax to 215-825-4732.