

Registration form

11th Illinois Eye Review Course: February 24-March 2, 2018

Name: First: _____ MI: _____ Last: _____
Degree: MD DO PhD OD MPH MBBS Other: _____
 Resident Fellow Practicing Ophthalmologist Optometrist Medical Students:
Other: _____

Address: Department: _____ Street: _____
Institution: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country: _____ Phone: _____ FAX: _____ E-mail: _____

Course Registration: before January 31st, \$450 before February 4th, \$500
After February 5th \$595:

OPTIONS:

- + **CME Certificate- \$75** (not typically requested by residents; not applicable to non-physicians, except optometrists)
- + Certificate of Attendance for non-physicians and residents (no charge):
- + Parking-\$38 for 7 days (\$20 refundable deposit for keycard at registration desk) or \$8/day (no in/out privileges)
- Registration:**
- + **CME?**):
- + **Parking?**

Total Charges= _____ **PLEASE ENSURE that you have included CME certificate if applicable to the total.**

Credit Card Payment: Please charge my credit card \$
 Visa MasterCard American Express Discover

Cardholder's Name: _____
Card # (insert space/dash between groups of numbers): _____
Exp Date: _____ Security Code: _____ Zip code for credit card statements: _____

For credit card payment please either: email to nalin@uic.edu or fax to: 312-996-0430

Check payable to: Department of Ophthalmology and Visual Sciences

Mail check to:

Illinois Eye Review 2018
c/o Nalin Kumar
Department of Ophthalmology and Visual Sciences
1855 West Taylor Street, (MC648), RM 2071
Chicago, IL 60612-7243

Further Information: Contact Nalin Kumar nalin@uic.edu or Tel: 312-413-5414