



REGISTRATION FORM

New York Eye and Ear Infirmary of Mount Sinai

And

The Jorge N. Buxton MD Microsurgical Education Foundation

Present the

8th Annual Introduction to Phacoemulsification and Intraocular Lens Implants Course + Wet Lab and Femtosecond Laser Training for 2nd Year Residents

Saturday, May 12, 2018: 8:00AM - 5:30PM

Please print:

Name: _____
Last First M.I. Degree

Mailing Address: _____
Street City State Zip

Cell Phone: (_____) _____ E-mail address: _____
Area Code

Please check the boxes below and indicate your residency program in the space provided.

Note: Placement in the course will be made on a first-come, first-served basis.

I certify that I am a 2ND Year Ophthalmology Resident at _____
Name of Your Residency Program

PRE- REGISTRATION is REQUIRED with a REFUNDABLE \$50.00 DEPOSIT, as space is limited.

PAYMENT OPTIONS: \$50.00 Deposit

Fax registration form to: 212-979-4268 or email at lvalentine@nyee.edu

By credit card: Call Lisa Valentine at 212-979-4565

****NOTE:** Your credit card will not be charged unless you are a **No-show** the day of the course or miss the 5/4/18 cancellation deadline.

By check: Make check payable to New York Eye and Ear Infirmary of Mount Sinai

**Mail to: Lisa Valentine
New York Eye & Ear Infirmary of Mount Sinai
310 East 14th Street, Suite 603
New York, NY 10003**

Please check (✓) box below.

**I understand that if I do not cancel my registration on or before 5:00pm Friday, May 4, 2018
OR do not attend the conference, I will forfeit my deposit.**

Cancellations

If you cancel on or before 5:00pm Friday, May 4, 2018 you will receive a full refund of your deposit.

Registrations must be received by 5:00pm Friday, May 4, 2018.