

# 7<sup>th</sup> Annual Downeast Ophthalmology Symposium

September 19 - 21, 2008

Harborside Hotel & Marina, Bar Harbor, ME

## Conference Registration Form

Please print:

Name \_\_\_\_\_ MD/DO  
First MI Last (Please circle)

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_  
(to be used for conference purposes only)

Guest name(s) \_\_\_\_\_

(Note: There is an additional charge if you plan to bring a guest. Registered guests are welcome at all meal functions.)

\_\_\_\_\_ # attending Jackson Laboratory tour Friday (no charge)

\_\_\_\_\_ # attending Harbor Cruise Reception Friday (attendees & registered guests)

\_\_\_\_\_ # attending Lobster Bake Friday (attendees & registered guests)

Note: Alternate entrees are available with advance notice. Please let us know if you have dietary restrictions or would prefer an entree other than lobster.

### Conference Fees:

MSEPS (Maine) Members \$395 x \_\_\_\_\_

Physicians \$445 x \_\_\_\_\_

Physicians in Training/Techs \$300 x \_\_\_\_\_

Guests \$ 60 x \_\_\_\_\_

**Total Due** \$ \_\_\_\_\_ (Checks preferred)

Enclosed is my check made payable to:  
Downeast Ophthalmology Symposium

Please charge my:  Visa  MasterCard

Card # \_\_\_\_\_

Exp \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

**Complete registration and mail or fax with full payment to:**

**Downeast Ophthalmology Symposium**

**P.O. Box 190, Manchester, ME 04351**

**Fax: 207-445-4880 (alternate fax 207-622-3332)**

*(Note: fax for credit card only)*