

# DSEK / DSAEK and Introduction to DMEK 2015 Registration Form



<b>NAME (for Name Badge):</b>	<b>First:</b>	<b>Last:</b>
<b>NAME (for Certificate):</b>		
<b>PRACTICE NAME:</b>		
<b>STREET ADDRESS:</b>		
<b>CITY, STATE, ZIP CODE:</b>		
<b>COUNTRY:</b>		
<b>TELEPHONE NUMBER:</b>		
<b>CELL PHONE NUMBER:</b> For use only if needed during the course.		
<b>E-MAIL:</b> Participant		
<b>E-MAIL:</b> Assistant or Administrator		
<b>DIETARY RESTRICTIONS:</b>		

*(All dates are Tuesday / Wednesday. Indianapolis is on Eastern Time and observes Daylight Saving Time)*

\_\_\_\_\_ September 29 & 30, 2015 -- Tuesday & Wednesday

\$750  
nurse with  
registered physician.

**Registration Fee: U.S. \$3,000**

\$2,000  
Attended same course  
previously: ☐ Refresher+fee.

<b>Visa or MasterCard only:</b>	<input type="checkbox"/> <b>Visa</b>	<input type="checkbox"/> <b>MasterCard</b>
<b>Credit Card Number:</b>		
<b>Security Code:</b>		
<b>Name on Card:</b>		
<b>Expiration Date:</b>		
<b>Billing Zip Code:</b>		

**Payment by credit card is required in advance.** Request for refund must be received in writing (fax or email) at least three weeks prior to the course date. Requests received after that deadline will be ineligible for refund. A \$200 processing fee will be retained for each canceled registration.

**Fax or Email Registration to Ann Delehanty**  
**Price Vision Group** ∇ 9002 North Meridian Street, Suite 100 ∇ Indianapolis, IN 46260  
 (Tel) 317-814-2823 ∇ (Fax) 317-844-5590 ∇ [anndelehanty@pricevisiongroup.net](mailto:anndelehanty@pricevisiongroup.net)

This activity has been planned and implemented in accordance with Essential Areas and Policies of the Indiana State Medical Association (ISMA) through the joint sponsorship of St. Vincent Hospital and Health Care Center Inc. and Cornea Research Foundation of America. St. Vincent Hospital and Health Care Center Inc. is accredited by ISMA to provide continuing medical education for physicians.