

There is no registration fee for the Symposium. If you wish to obtain CME credit there is a \$40 processing fee. Please make check payable to: **UIC Eye and Ear Infirmary.**

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**UIC GLAUCOMA SYMPOSIUM  
WEDNESDAY, MAY 13, 2009**

**REGISTRATION FORM**

**Name:** \_\_\_\_\_  
Last First

**Title:** MD \_\_\_\_\_, OD \_\_\_\_\_, DO \_\_\_\_\_, PhD \_\_\_\_\_,  
Other \_\_\_\_\_  
(Specify)

**Mailing Address:** \_\_\_\_\_  
Facility  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City/State Zip Code

**Daytime Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Will you attend lunch?** Yes \_\_\_\_\_ No \_\_\_\_\_

**CME Credit (\$40 processing fee):** Yes \_\_\_\_\_ No \_\_\_\_\_

**Please return form only if you plan to attend. Thank you.**

**RETURN TO: Glenda Leachman**  
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Suite 2.10  
Chicago, IL 60612

**E-mail: [glenleac@uic.edu](mailto:glenleac@uic.edu)**