

CCF and CCHS EMPLOYEE REGISTRATION FORM

Course Number: 020482
Course Name: Posterior Segment Complications of Anterior Segment Surgery
Course Date: May 31, 2008
Location: Cleveland Clinic Cole Eye Institute * Cleveland, OH

CCF Employee (includes) CCF Main Campus, CCF Children's Hospital for Rehabilitation, Beachwood, Brunswick, Chagrin Falls, Elyria, Independence, Lakewood, Lorain, Solon, Strongsville, Westlake, Willoughby Hills, Wooster, Ft. Lauderdale/Weston and Anesthesia Department personnel at Huron, Hillcrest, Euclid, Marymount and Lutheran

CCHS Hospital Affiliation: Euclid, Fairview, Hillcrest, Huron, Lakewood, Lutheran, Marymount, South Pointe

CCHS Affiliates: Grace Hospital, Ashtabula County Medical Center

Complimentary registration includes syllabus, continental breakfast and refreshment breaks.

- CCF Staff Physician CCHS Physician
 CCF Resident CCHS Resident
 CCF Fellow CCHS Fellow
 CCF Other _____ CCHS Other _____

Check here if you have any special needs that require additional assistance. A CME staff member will contact you to discuss your special requirements.

CCF and CCHS Pharmacists who are registering for this course and would like to receive Ohio Pharmacy Credit for their attendance need to contact the CCF Pharmacy Department, Morton P. Goldman, at (216) 444-1127 to have this course considered for Pharmacy credit at least 10 days prior to the course date.

Please Print:

Name: _____ Degree (initials): _____

Hospital Affiliation: _____ Department Name: _____

Last four (4) digits of SSN: _____ CCF Employee Number: _____ Specialty: _____

CCF Phone: _____ CCF FAX: _____ Mail Code: _____

Mailing Address: _____

City/State/ZIP: _____ Home Phone Number: _____

Email _____

Registration form can be sent by fax to (216) 448-0783 or

Mailed to: The Cleveland Clinic Foundation, 9500 Euclid Avenue, Mail Code AC3-1, Cleveland, OH 44195