



## MEETING REGISTRATION FORM

April 13, 2019  
Fairmont Hotel - Austin  
101 Red River Street  
Austin, Texas 78701

### CALL FOR CASES

If you would like to present a case, please indicate this on the form below as well as the title (e.g. unknown case presentation). Please consider any case that would stimulate fruitful discussion. Residents and Fellows are encouraged to present.

**DEADLINE FOR CASE SUBMISSION:  
FRIDAY, APRIL 5, 2019**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

- Friday night reception
- Saturday Breakfast
- Saturday Lunch
- I would like to present a case

Title (e.g., unknown case presentation) \_\_\_\_\_

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*Please limit cases to 10 minutes: 7 minutes for presentation and 3 minutes for discussion.*

*The cost of the meeting is **FREE** for all attendees.  
This course is designed for retina specialists who hold a current medical license.*

*Please email or fax this form to:*  
**Amanda Wilkinson**  
**amwilkinson@austinretina.com**  
TCR Coordinator  
FAX: (512) 610-2807  
PHONE: (512) 610-2824