

AMERICAN COLLEGE OF EYE SURGEONS BLOOMBERG VIDEO COMPETITION **APPLICATION**

RESIDENT NAME

SCHOOL

ADDRESS

CITY

STATE

ZIP

WORK TELEPHONE

HOME TELEPHONE

FAX

E-MAIL

My signature attests that the enclosed videotape/DVD meets all requirements for the videotape competition sponsored by the American College of Eye Surgeons, is surgery performed entirely by me, and has not been edited and/or altered in any way.

RESIDENT'S SIGNATURE

DATE

My signature below certifies that the enclosed videotape/DVD is surgery performed entirely by the above-named resident and has not, to my knowledge, been edited and/or altered in any way.

PROGRAM CHAIRPERSON'S OR DIRECTOR'S SIGNATURE

DATE

RETURN FORM AND VIDEOTAPE/DVD BY DECEMBER 1, 2009, TO:

American College of Eye Surgeons
334 East Lake Road, #135
Palm Harbor, FL 34685
(727) 366-1487 / Fax (727) 836-9783
quality@aces-abes.org