

**AMERICAN COLLEGE OF EYE SURGEONS/
SOCIETY FOR EXCELLENCE IN EYECARE**

**COURSE PRESENTATION SPECIFICS
SEE ISLAND/QUALITY SURGERY XX SEMINAR
FEBRUARY 17 – 21, 2006**

As required by the ACCME (for CME credits to be offered to program participants), each faculty member is required to complete this form in its entirety. This information is instrumental in ensuring proper understanding of each presentation. If you have any questions, please call ACES at (727) 480-8542 prior to submission.

Please specify date of Presentation/Section:

Sat, 2/18/06: Practice Management Doctor's Choice Video Roundtable

Sun, 2/19/06: Practice Management Glaucoma Posterior Segment

Mon, 2/20/06: Non-Laser Refractive Laser Refractive

Tues, 2/21/06: Free Paper Cataract I Cataract II

1. Presenter Information

Faculty Member Name:
Address:
City, State, Zip:
Phone:
Fax:
E-Mail:

2. Presentation Title

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Total Presentation Credit Hours: _____ (To be completed by ACES/SEE)

3. Presentation Objectives

a. **Learning Objectives:** (Faculty members are to indicate expectations as to what the participants who attend their are expected to gain from the topic/presentation)

b. **Presentation Abstract:** (This is a narrative description of the presentation goals or outcomes suitable for publishing, and must be limited to 35-50 words.):

Please return to:

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