

**American College of Eye Surgeons/
Society for Excellence in Eyecare**

**SEE Island/Quality Surgery XXII Seminar
February 8-12, 2008
Ritz Carlton, San Juan, Puerto Rico**

PERMISSION TO RECORD FORM

I, _____, herewith give the SEE Island/
(please print your name)

Quality Surgery XXII Seminar permission to record my presentation(s) at the 2008
meeting.

Video and/or audio tapes of my presentation(s) may be available for purchase.

Signature

Date

Please return to:

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