

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

**COURSE PRESENTATION SPECIFICS  
SEE ISLAND/QUALITY SURGERY XXII SEMINAR – PUERTO RICO  
FEBRUARY 8-12, 2008**

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 SEE at (630) 699-1929 prior to submission.

**Please specify date of Presentation/Section:**

<b>Sat, 2/09/08:</b>	<input type="checkbox"/> Practice Management	<input type="checkbox"/> Non-Laser Refractive
<b>Sun, 2/10/08:</b>	<input type="checkbox"/> Video Roundtable	<input type="checkbox"/> Cataract
<b>Mon, 2/11/08:</b>	<input type="checkbox"/> Laser Refractive	<input type="checkbox"/> Glaucoma
<b>Tues, 2/12/08:</b>	<input type="checkbox"/> New Technology	<input type="checkbox"/> Retina

**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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