



Stein Eye Institute

UCLA Stein Eye Institute Alumni Association Registration Form, 2017-2018

If you would like to support the important activities of the UCLA Stein Eye Institute Alumni Association, please return this form with your check payable to the UCLA Stein Eye Institute Alumni Association at the address listed below. ***Your attendance is very important to us, so please be sure to attend all alumni activities, regardless of dues payment.***

If you will be attending the upcoming annual reception at the 2017 AAO Meeting in New Orleans, please fill out and fax this form back to us at 310-794-7781, e-mail it to us at alumni@jsei.ucla.edu, or include it with your dues payment.

Yes! I would like to support the UCLA Stein Eye Institute Alumni Association and its many important activities.

I understand this support is optional. My check for \$80.00 in annual membership dues is enclosed.

Check this box only if you **DO NOT** want your name listed on a roll call of dues paying members.

Yes! I plan to attend the annual UCLA Stein Eye Institute Alumni Association Reception at the Le Meridien, Hotel New Orleans, Sunday, November 12, 2017, New Orleans, Louisiana.

I will be bringing a guest. Name(s) of guest: _____

Sorry, I am unable to attend the annual reception this year.

Name: _____

Mailing Address: _____
(Indicate Home or Business)

Phone Number: _____
(Indicate Home or Business)

E-Mail Address: _____

Did you complete your **residency** at UCLA Stein Eye Institute? Yes No
What year(s) did you attend? First Year: _____ Last Year: _____

Did you complete a **fellowship** at UCLA Stein Eye Institute? Yes No
What year(s) did you attend? First Year: _____ Last Year: _____

Please indicate your practice specialty _____

Return this Form to: UCLA Stein Eye Institute Alumni Association
Stein Eye Institute, 100 Stein Plaza, UCLA, Room 1-124, Los Angeles, California 90095-7000
Phone: 310-825-4148, Fax: 310-794-7781
E-Mail Address: alumni@jsei.ucla.edu Facebook: www.facebook.com/JSEIAlumni