

**I**NTERNATIONAL  
**O**CCULAR  
**S**URFACE  
**S**OCIETY



# 14<sup>th</sup> Annual Meeting Announcement

**14<sup>TH</sup> ANNUAL IOSS MEETING  
APRIL 30, 2011**



HOLLYWOOD, FL

**Seminole Hard Rock Hotel & Casino**

One Seminole Way, Hollywood, FL 33314

Phone: 954-797-5504 Fax: 954-797-2368

Website: [www.seminolehardrockhollywood.com](http://www.seminolehardrockhollywood.com)

**7:30 am – 8:30 am Registration**

**8:30 am - 5:00 pm Lectures**

**5:00 pm - 7:00 pm Reception**

**Award Lecture by: Dr. Virender Sangwan**

**Associate Director, L.V. Prasad Eye Institute**

**Head - Cornea & Anterior Segment**

**Ocular Immunology & Uveitis Service**

**L.V. Prasad Eye Institute**

**Meeting Registration Fee:**

**IOSS Members \$100**

**Non-IOSS Members \$250**

**(includes meeting, lunch & reception)**

**Contact: Ruthie McNeill, [ruthiem@bcm.edu](mailto:ruthiem@bcm.edu)**

*IOSS President: Stephen Pflugfelder, MD, Ocular Surface Center, Department of Ophthalmology  
Baylor College of Medicine, 6501 Fannin, NC-307, Houston, TX 77030 USA  
Fax: 1-713-798-1457 E-mail: [ruthiem@bcm.edu](mailto:ruthiem@bcm.edu)*

# REGISTRATION FORM

Registration deadline: April 1, 2011

Fax: 1-713-798-1457

E-mail: [ruthiem@bcm.edu](mailto:ruthiem@bcm.edu)

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OCULAR  
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SOCIETY



## 14<sup>TH</sup> ANNUAL IOSS MEETING APRIL 30, 2011

LOCATED AT



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Title (please check)     Professor     Dr.     Mr.     Ms.

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **MEMBERSHIP & MEETING REGISTRATION FEES FOR 14<sup>TH</sup> ANNUAL MEETING**

<input type="checkbox"/> IOSS Membership Fee (PhD & MD)	\$110
<input type="checkbox"/> IOSS Membership Fee (students & fellows)	\$ 40
<input type="checkbox"/> IOSS Member Meeting Registration Fee	\$100
<input type="checkbox"/> IOSS Non-member Meeting Registration Fee	\$250
<b>TOTAL</b>	
<b>Onsite registration, add \$50</b>	

[REGISTER ON LINE \(Click Here\)](#)

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Fax: 1-713-798-1457    E-mail: [ruthiem@bcm.edu](mailto:ruthiem@bcm.edu)*

**ABSTRACT Form**  
**Abstract Submission Deadline:**  
**April 1, 2011**

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**Title:**

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**Presenter:**

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**Associates:**

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**Affiliation:**

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**Abstract 250 word limit, include: Purpose, Methods, Results, Conclusion**

Please submit the ABSTRACT by E-mail to:  
Ruthie McNeill, [ruthiem@bcm.edu](mailto:ruthiem@bcm.edu) by **April 1, 2011**

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**Submission Deadline: April 1, 2011**

**Title:** \_\_\_\_\_

\_\_\_\_\_

**Presenter:** \_\_\_\_\_

**Associates:** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_

**Abstract - 250 word limit, include:**

**Purpose:** \_\_\_\_\_

\_\_\_\_\_

**Methods:** \_\_\_\_\_

\_\_\_\_\_

**Results:** \_\_\_\_\_

\_\_\_\_\_

**Conclusions:** \_\_\_\_\_

\_\_\_\_\_

Please submit the ABSTRACT by E-mail to:  
Ruthie McNeill, [ruthiem@bcm.edu](mailto:ruthiem@bcm.edu) by **April 1, 2011**