Mayo School of Continuous Professional Development

**RETINA CASES** WITH FLUORESCEIN ANGIOGRAPHY AND IMAGING (RETINA CFAN)

**February 6 – 10, 2012**

THE VILLAS AT SIMPSON BAY RESORT
Simpson Bay, St. Maarten

*Rate posted in brochure is only available through October 31, 2011.*

REGISTER ONLINE NOW!
LIMITED TO 40 PARTICIPANTS

WWW.MAYO.EDU/CME
Each retina specialist at this course will present his or her experiences with rare cases or rare complications of common cases seen in the last year, followed by a group discussion. In this manner each participant learns from the experiences of the other colleagues and by the end, the combined experience of everyone has helped increase the ability of each participant to diagnose and deal with rare situations. This interactive experience is not obtained in other retina conferences which usually recapitulate results of large studies without speaking to rare diseases or rare manifestations of common diseases. In addition, the limited number of participants (up to 40) allows for more active participation by all the participants. This unique format allows all the participants to be both teachers and students. William Mieler, MD will be the guest invited participant.

COURSE LEARNING OBJECTIVES

Upon conclusion of this program, participants should be able to:

- Recognize and manage rare or unusual vitreoretinal diseases.
- Diagnose retinal disorders with new confidence.
- Treat unusual complications of common diseases.

Attendance at this Mayo course does not indicate nor guarantee competence or proficiency in the performance of any procedures which may be discussed or taught in this course.

INTENDED AUDIENCE

Ophthalmologists who specialize in retinal care.

CREDIT

College of Medicine, Mayo Clinic, is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

College of Medicine, Mayo Clinic, designates this live activity for a maximum of 22 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Other Health Care Professionals

A certificate of attendance will be provided to other health care professionals for requesting credits in accordance with state nursing boards, specialty societies, or other professional associations.

REGISTRATION

To register online, visit http://www.mayo.edu/cme/ophthalmology-2012r796, or complete the attached registration form and return by mail or fax. The registration fee includes tuition and daily continental breakfasts. A letter of confirmation will be sent upon receipt of payment and completed registration form.

For additional information, contact:

Mayo School of Continuous Professional Development
Plummer 2-60
200 First Street SW
Rochester, MN 55905
Website: www.mayo.edu/cme
E-mail: cme@mayo.edu
Phone: 800-323-2688 or 507-284-2509
Fax: 507-284-0532

CANCELLATION POLICY

If you cancel your participation in this course, your registration fee,
less a $75 administrative fee, will be refunded when written notification is received by Mayo School of CPD before January 23, 2012. (cme@mayo.edu or fax#: 507-284-0532). No refunds will be made on or after January 23, 2012. Canceled registrations are non-transferable.

Mayo School of CPD reserves the right to cancel or postpone any course due to unforeseen circumstances. In the unlikely event Mayo School of CPD must cancel or postpone this course, Mayo School of CPD will refund the registration fee, but is not responsible for any related costs, charges, or expenses to participants, including fees assessed by airline/travel/lodging agencies.

**TRAVEL**

Mayo Clinic’s appointed travel company, Carlson Wagonlit Travel, is available to assist with your travel arrangements. To make your reservation, phone Carlson Wagonlit Travel toll-free at 1-866-629-6885, then choose prompt #3 for Group/Meeting Reservations, then choose prompt #1 as a “traveler attending a meeting.”

*Travel arrangements are the sole responsibility of the individual registrant.*

**LODGING ACCOMMODATIONS**

Guest rooms have been reserved for attendees and their guests with a special course rate at the conference resort. In order to receive the special rate, **reservations must be made by October 31, 2011**. Please identify yourself as a participant of the Retina CFAN when making your reservation.

The Villas at Simpson Bay Resort
Billy Folly Road
Simpson Bay
St. Maarten
Property Ph. (do not use for reservations) 888-721-4407

Contact rblackwell@simpsonbayresort.com to reserve a room at these very special rates.

Email is preferred to reserve a room at the special rate, include the details listed below in your request. Otherwise, call 877-736-4586. Provide this information when registering:

- Resort: Simpson Bay Resort (SBR) or Villas at Simpson Bay (VSB)
- Unit type (size of unit):
- Arrival:
- Departure:
- Guest name:
- Guest address:
- Guest phone:
- Guest email:
- Rate:
- Payment Info:
- NOTE: For multiple guests, include contact information for each party to speed check-in.


Rates (which are only valid if reservations are made by October 31, 2011) listed include all taxes:

- Junior Suite (sleep 2 studio): $1645.70 plus 5% tax $82.29 = $1729.99/week
- Suite (one bedroom sleep 4): $2194.30 plus 5% tax $109.72 = $2304.02/week
- Villa (two bedroom sleep 6): $2742.88 plus 5% tax $137.14 = $2880.02/week

*Photos courtesy of Monica J. Hatfield and Kevin M. McAuliffe, MD*
Lodging arrangements are the sole responsibility of the individual registrant.

Mayo School of CPD is not responsible for expenses incurred by an individual who is not confirmed and for whom space is not available at the meeting. Costs incurred by the registrant such as airline or hotel fees or penalties are the responsibility of the registrant.

FACULTY

Course Director(s)
Andrew J. Barkmeier, MD
Assistant Professor of Ophthalmology
College of Medicine, Mayo Clinic
Rochester, MN

Raymond Iezzi, MD, MS
Associate Professor of Ophthalmology
College of Medicine, Mayo Clinic
Rochester, MN

Mark Hatfield, MD
Clinical Assistant Professor
College of Medicine
Marshall University
Huntington, WV

Jose S. Pulido, MD, MS, MPH
Professor of Ophthalmology
College of Medicine, Mayo Clinic
Rochester, MN

Michael W. Stewart, MD
Assistant Professor of Ophthalmology
College of Medicine, Mayo Clinic
Jacksonville, FL

Guest Faculty
William F. Mieler, MD
Professor and Vice-Chairman
Director, Residency Training
Department of Ophthalmology & Visual Sciences
University of Illinois at Chicago
Chicago, IL

On-Site Coordinators
Monica J. Hatfield
Colleen A. Howe

FACULTY DISCLOSURE

As a provider accredited by ACCME, College of Medicine, Mayo Clinic (Mayo School of Continuous Professional Development) must ensure balance, independence, objectivity and scientific rigor in its educational activities. Course director(s), planning committee, faculty, and all others who are in a position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty also will disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. Disclosure of this information will be published in course materials so those participants in the activity may formulate their own judgments regarding the presentation.

PROGRAM SCHEDULE

Each registrant is asked to present two-three (2-3) cases. You will be given ten minutes to present the case, plus 5 minutes of Q&A. Dr. Pulido will contact each registrant for further information regarding the cases.

Monday – Thursday, February 6 - 9
7 – 7:30 a.m. Continental Breakfast
7:30 – Noon Case Presentations

Friday, February 10
7 – 7:30 a.m. Continental Breakfast
7:30 – 11:30 a.m. Case Presentations

Four case presentations will be presented within each hour.
## CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name of Registrant – first name, middle name or initial, and last name</th>
<th>Degree – select all that apply</th>
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<tbody>
<tr>
<td></td>
<td>MD</td>
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<th>Name of Institution</th>
<th>Medical Specialty</th>
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**Preferred Mailing Address - select one**

- [ ] Work/Business
- [ ] Home

**Work/Business Address - street address**

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**Home Address - street address**

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**E-mail Address**

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<th>FAX Location - select one</th>
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| [ ] Work/Business
| [ ] Home |

**FAX - include all country and city/area codes as needed along with complete phone number**

**TOLL FREE PHONE:** 800-323-2688 or 507-284-2509

**FAX:** 507-284-0532

**E-mail:** cme@mayo.edu

**Web site:** www.mayo.edu/cme

### SPECIAL NEEDS

If you have special assistance needs or dietary restrictions, describe here:

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### REGISTRATION/CREDIT

**Type of credit that you are interested in receiving:**

- [ ] AMA/Category 1

**Registration Fee:**

- Full Registration – $300

**Total Payment Enclosed**

$ ________

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### PAYMENT INFORMATION

*(US funds only * Wire transfers will be assessed a $25 USD fee.

- [ ] Check is enclosed in the amount shown at right – make checks payable to Mayo Clinic

**Credit Card - select one**

- [ ] Discover
- [ ] MasterCard
- [ ] Visa

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**Name of Cardholder - as it appears on the card**

Signature of Cardholder – required

[ ]
Retina Cases
with Fluorescein Angiography and Imaging (Retina CFAN)

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If you already received a copy of this brochure, please give this brochure to an interested colleague.