



EXPEDITION REQUEST for 2007

SEE International
7200 Hollister Avenue, Unit A
Goleta, CA 93117

Phone: 805-963-3303 ♦ Fax: 805-965-3564

Please note SEE International requires 3-6 months advance notice for new clinics.

Today's Date: _____ How many expeditions would you like to host in 2007? _____

Date(s) for 2007 expeditions: _____

Please attach a schedule of clinics if you will be hosting more than one.

HOST INFORMATION

Host Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Fax Number:** _____

Cellular Phone Number: _____ **E-Mail Address:** _____

Is the host an ophthalmologist? _____ Will the host be present in the O.R. during the clinic? _____

FACILITY INFORMATION

Name of hospital/facility where the clinic will take place: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Country: _____ **E-Mail Address:** _____

Phone Number: _____ **Fax Number:** _____

Is your staff available each day for the duration of the clinic? _____

Please write what hours your staff and doctors are available: _____

Is this a new clinic site? _____

Please circle the types of cases that you anticipate:

ECCE M-SICS Pediatrics Retina Strabismus Laser Cornea Pterygium

Other (please detail): _____

LOGISTICAL INFORMATION

Number of SEE ophthalmologists you would like to participate: _____

Will in Country transportation to/from airport & clinic site be provided by host? _____

Will the host assist the SEE team through customs? _____

Will accommodations/lodging for SEE team be provided by host? _____

If yes, please write name, location/address of accommodations and/or phone contact information: _____

THE ABOVE INFORMATION IS VITAL TO THE SUCCESS OF THE CLINIC.