



2011 Expedition Request

APPLICANT INFORMATION

Name: _____ Organization: _____
Phone: _____ E-mail: _____

EXPEDITION INFORMATION

Clinic City, Country: _____ Clinic Dates: _____
Host Ophthalmologist: _____ Type of Cases: _____
Number of cases: _____ Number of Invited Ophthalmologists: _____

EXPEDITION INFORMATION

Clinic City, Country: _____ Clinic Dates: _____
Host Ophthalmologist: _____ Type of Cases: _____
Number of cases: _____ Number of Invited Ophthalmologists: _____

EXPEDITION INFORMATION

Clinic City, Country: _____ Clinic Dates: _____
Host Ophthalmologist: _____ Type of Cases: _____
Number of cases: _____ Number of Invited Ophthalmologists: _____

Please continue on a separate sheet of paper for additional expedition requests

NOTES

Please add notes or comments:

Please e-mail the completed form to seeintl@seeintl.org or fax to +1 (805) 965-3564