

## Attending's Application

*Instructions:*

If you are an ophthalmology attending and are interested in participating in Project African Vision please fill out the following application. Please return the completed application to the following address:

The Carefree Foundation  
Attn: Jenna Burka, MD  
5530 Wisconsin Avenue, Suite 914  
Chevy Chase, MD 20815

**Name (Last, First, Middle Initial):** \_\_\_\_\_

**Are you associated with a residency program? If yes, please give the name:**

\_\_\_\_\_

**Availability:**

3 weeks (October 23<sup>rd</sup> – November 14<sup>th</sup>, 2004)

2 weeks (October 29<sup>th</sup> – November 14<sup>th</sup>, 2004)

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**Your application will be processed on a first come first serve basis. If accepted for the program you will be required to pay a \$500 deposit to reserve your spot. The deposit is fully refundable at the completion of the trip.**