

MASSACHUSETTS EYE AND EAR INFIRMARY

Department of Ophthalmology
243 Charles Street
Boston, Massachusetts 02114
www.lancastercourse.com

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The Lancaster Course in Ophthalmology

For Residents in Training and Practicing Ophthalmologists

Colby College, Waterville, Maine

June 19 - August 3, 2017

General Information

Colby College is located on Mayflower Hill, about two miles from downtown Waterville, a city of 20,000 in central Maine. Dormitory housing facilities and meals are available on campus. The Lancaster Course office also compiles a list of private home and cottage rentals, hotels and motels.

Inquiries may be made to: Ms. Marjorie L. FitzGerald, Registrar
Lancaster Course in Ophthalmology
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Massachusetts Eye and Ear Infirmary

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June 19 - August 3, 2017



Course Director: Lucy H.Y. Young, M.D., Ph.D.

This seven-week course is intended to provide contemporary and extensive coverage of the basic sciences and clinical sciences in Ophthalmology. Founded in 1946, the Lancaster Course has provided training for ophthalmologists from all over the world; many teaching hospitals supplement their residency training programs with the Lancaster Course. The faculty is selected for its expertise, clarity of presentation and ability to provide high-quality visual aids. An expansive syllabus is provided and feedback from the previous year's participants is closely evaluated and reflected in both faculty and syllabus changes. Both residents and practicing ophthalmologists who wish to focus on certain topics in ophthalmology are welcome to register for individual sections. The course is held at Colby College in Waterville, Maine, during the summer months. This has proved to be a congenial atmosphere for faculty, students, and staff. Registrants also benefit from the networking and friendships made with faculty members and classmates during the summer program. The Lancaster Course is truly an exceptional experience that encompasses much more than the exposure to didactic teaching. Please refer to the third page of this brochure for general registration and tuition information.

CALENDAR 2017

Monday	Tuesday	Wednesday	Thursday	Friday
6/19/17 (Registration - 7 A.M.) PATHOLOGY	6/20/17 PATHOLOGY	6/21/17 PATHOLOGY	6/22/17 PATHOLOGY	6/23/17 PATHOLOGY
6/26/17 ANATOMY	6/27/17 OPTICS	6/28/17 OPTICS	6/29/17 OPTICS	6/30/17 OPTICS
7/3/17 (NO CLASSES)	7/4/17 HOLIDAY (NO CLASSES)	7/5/17 PLASTICS	7/6/17 PLASTICS	7/7/17 PLASTICS
7/10/17 CATARACT	7/11/17 GLAUCOMA	7/12/17 GLAUCOMA	7/13/17 GLAUCOMA	7/14/17 GLAUCOMA
7/17/17 NEURO-OPHTH	7/18/17 NEURO-OPHTH	7/19/17 NEURO-OPHTH	7/20/17 NEURO-OPHTH	7/21/17 CORNEA
7/24/17 AM: CORNEA PM: UVEITIS	7/25/17 AM: IMMUNOLOGY PM: CORNEA	7/26/17 AM: CORNEA PM: PEDIATRICS	7/27/17 PEDIATRICS	7/28/17 PEDIATRICS
7/31/17 RETINA	8/1/17 RETINA	8/2/17 RETINA	8/3/17 RETINA Course ends at 5 P.M.	8/4/17

TOPICS COVER FULL DAY SESSIONS UNLESS OTHERWISE SPECIFIED

FACULTY - 2017

Anatomy/Embryology

Coordinator: Hermann D. Schubert, M.D., Harkness Eye Institute, New York, NY
Faculty: Daniel Casper, M.D. Norman Kleiman, Ph.D.

Cataract

Coordinator: Sherleen Chen, M.D., Massachusetts Eye and Ear Infirmary, Boston, MA
Faculty: Cynthia Chiu, M.D.

Cornea & External Disease

Coordinator: Dimitri T. Azar, M.D., University of Illinois, Chicago, IL
Faculty: Sandeep Jain, M.D. Kenneth Kenyon, M.D.
Ula Jurkunas, M.D. Mark Rosenblatt, M.D.

Glaucoma

Coordinator: Louis R. Pasquale, M.D., Massachusetts Eye and Ear Infirmary, Boston, MA
Faculty: David G. Campbell, M.D. Lucy Shen, M.D.
Teresa Chen, M.D. Brian Song, M.D.
Ambika Hoguet, M.D. Angela Turalba, M.D.
Peter A. Netland, M.D., Ph.D.

Immunology/Uveitis

Coordinator: C. Stephen Foster, M.D., Massachusetts Eye Research and Surgery Institute, Cambridge, MA

Neuro-Ophthalmology

Coordinator: Dean Cestari, M.D., Massachusetts Eye and Ear Infirmary, Boston, MA
Faculty: Anthony Arnold, M.D. Joseph F. Rizzo III, M.D.
Andrew Lee, M.D.

Oculoplastics & Orbit

Coordinator: Peter A.D. Rubin, M.D., Boston Eye Physicians and Surgeons, Boston, MA
Faculty: Patrick Boulos, M.D. Asa Morton, M.D.

Optics & Refraction

Coordinator: Constance E. West, M.D., Cincinnati Children's Hospital, Cincinnati, OH
Faculty: Bala Ambati, M.D. W. Walker Motley, M.D.
Joseph M. Miller, M.D.

Pathology

Coordinator: Ralph C. Eagle, Jr., M.D., Wills Eye Hospital, Philadelphia, PA
Faculty: J. Douglas Cameron, M.D. Tatyana Milman, M.D.
Vivian Lee, M.D. Frank Scribbick, M.D.
William C. Lloyd III, M.D.

Pediatric Ophthalmology & Strabismus

Coordinator: Nathalie F. Azar, M.D., University of Illinois, Chicago, IL
Faculty: Melanie Kazlas, M.D. Craig A. McKeown, M.D.
Irene H. Maumenee, M.D. David S. Walton, M.D.

Retina

Coordinator: Lucy H.Y. Young, M.D., Ph.D., Massachusetts Eye and Ear Infirmary, Boston, MA
Faculty: Eliot L. Berson, M.D. Mrinali Patel Gupta, M.D.
R.V. Paul Chan, M.D. Lois Hart, RDMS
Thomas E. Flynn, M.D. Sangwoo Lee, M.D.

Registration Form

THE LANCASTER COURSE IN OPHTHALMOLOGY

June 19 - August 3, 2017

Name: (Please print) _____ Degree: _____
(Surname) (First) (Middle) (M.D., D.O., etc.)

Street Address: _____

City/State/Zip code/Country: _____

Contact phone #: _____ E-mail: _____

Date of birth: _____ Male _____ Female _____

Country of citizenship: _____ Country of birth: _____

Current Status: in residency (PGY: _____) in fellowship _____ in practice _____

Residency Program: _____

Program Director/contact #: _____

Tuition: (Must be paid in full three weeks prior to attendance; USD) A **non-refundable deposit** of \$750 is required from full-time attendees by April 1st, 2017.

_____ FULL-TIME ATTENDANCE: \$4200.00
_____ PART-TIME ATTENDANCE: \$ 250.00/day or \$ 1000.00/week

Enrollment is for: full-time ____ or part-time (indicate dates of attendance) _____

Check enclosed ____ Visa or MasterCard # _____ Exp _____

Name on card: _____
Please Print Clearly Signature

All citizens of countries other than the USA are required to have the **U.S. Immigration Form I-20** to enter the country. Please mail copies of the identification pages of your passport, along with this registration form, to the Lancaster Course. Spouse/children traveling with you need to submit copies of their passports as well. We will process the I-20 form and mail it to you.

Signature _____ Date _____