

MASSACHUSETTS EYE AND EAR INFIRMARY

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

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The Lancaster Course in Ophthalmology

For Residents in Training and Practicing Ophthalmologists

Colby College, Waterville, Maine

June 17 - August 2, 2013

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
Colby College, 4750 Mayflower Hill
Waterville, ME 04901 USA

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Massachusetts Eye and Ear Infirmary

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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 2013

Monday	Tuesday	Wednesday	Thursday	Friday
6/17/13 (Registration - 7 A.M.) PATHOLOGY	6/18/13 PATHOLOGY	6/19/13 PATHOLOGY	6/20/13 PATHOLOGY	6/21/13 PATHOLOGY
6/24/13 ANATOMY	6/25/13 OPTICS	6/26/13 OPTICS	6/27/13 OPTICS	6/28/13 OPTICS
7/1/13 PLASTICS	7/2/13 PLASTICS	7/3/13 PLASTICS	7/4/13 HOLIDAY	7/5/13 NO CLASSES
7/8/13 NEURO-OPHTH	7/9/13 NEURO-OPHTH	7/10/13 NEURO-OPHTH	7/11/13 NEURO-OPHTH	7/12/13 CORNEA
7/15/13 CORNEA	7/16/13 CORNEA	7/17/13 PEDIATRICS	7/18/13 PEDIATRICS	7/19/13 PEDIATRICS
7/22/13 GLAUCOMA (A.M.) UVEITIS (P.M.)	7/23/13 IMMUNOLOGY (A.M.) GLAUCOMA (P.M.)	7/24/13 GLAUCOMA	7/25/13 GLAUCOMA	7/26/13 GLAUCOMA
7/29/13 RETINA	7/30/13 RETINA	7/31/13 RETINA	8/1/13 RETINA	8/2/13 CATARACT Session ends at - 4 P.M.

TOPICS COVER FULL DAY SESSIONS UNLESS OTHERWISE SPECIFIED

FACULTY - 2013

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. Roberto Pineda, 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.
Peter A. Netland, M.D., Ph.D. Samuel Solish, M.D.
Douglas Rhee, M.D.

Immunology/Uveitis

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

Neuro-Ophthalmology

Coordinator: Joseph F. Rizzo III, M.D., Massachusetts Eye and Ear Infirmary, Boston, MA
Faculty: Anthony Arnold, M.D. Mary Beth Cunnane, M.D.
Dean Cestari, M.D. Mark Dinkin, 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: Joseph M. Miller, M.D. W. Walker Motley, 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.
William C. Lloyd III, M.D. Frank Scribbick, 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. Lois Hart, RDMS
R.V. Paul Chan, M.D. Sangwoo Lee, M.D.
Thomas E. Flynn, M.D.

Name: _____
(Please print)

Registration Form

The Lancaster Course in Ophthalmology

June 17- August 2, 2013

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

Street Address: _____

City/State/Zip Code/Country: _____

Home telephone: _____ Work telephone: _____

Fax: _____ E-mail: _____

Date of birth: _____ Male _____ Female _____

Country of citizenship: _____ Country of birth: _____

Current Status: in residency* (year? _____) in fellowship _____ in practice _____

Residency Program: _____

**A letter of verification from Department Chairman must accompany application.*

Hospital Affiliation: _____

Tuition: (Must be paid in full two weeks prior to attendance in U.S. dollars)

A non-refundable deposit of \$500 is required from full time attendees by April 1st, 2013.

_____ Resident:	\$4000
_____ Practicing physician:	\$4500
_____ Part-time attendance:	\$200/day or \$800/week

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

Check enclosed _____ Visa _____ Mastercard _____ Card # _____ 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, with this form, to the Lancaster Course. Spouse/children traveling with you need to submit copies of their passports as well.

Housing information requested for on-campus dormitory _____ off-campus accommodations _____

(Signature)

(Date)

Return this form to: The Lancaster Course in Ophthalmology, Colby College, 4750 Mayflower Hill, Waterville, ME 04901
Phone (207) 859-4750; Fax (207) 859-4055; Email: lancaster@colby.edu