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 Info@EyeAnesthesia.org

Name _____ Degree(s) _____

Facility Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Are you:

_____ Anesthesiologist Board Certified? YES NO

_____ Ophthalmologist License # _____

_____ Nurse Anesthetist C.R.N.A.# _____

Signature _____ Date _____

The **Ophthalmic Anesthesia Society** is an organization of anesthesiologists, ophthalmologists, and nurse anesthetists dedicated to providing the highest quality anesthesia services for ophthalmic surgery. OAS provides education via exchange of ideas, promotes research and advanced study, and is a foundation upon which ophthalmic anesthesia can communicate its interests.

OAS Membership benefits include special priority communications on clinical situations requiring immediate attention; legislative alerts pertaining to ophthalmic anesthesia; a newsletter (3/yr) with clinical and political issue updates; an annual roster of OAS members. But most important, OAS provides you with advocacy that reflects your interest in providing the highest quality ophthalmic anesthesia.

Complete and mail this application with first year's dues of \$250 to:

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