

# Anti-VEGF Injection Frequency and Visual Outcomes: Is There a Connection?

Regeneron Pharmaceuticals, Inc. invites you to attend an Educational Program entitled:  
**Anti-VEGF Injection Frequency and Visual Outcomes: Is There a Connection?**

*Presented by*  
**Nathan Steinle, MD**  
California Retina Consultants  
Santa Barbara, CA

**April 19, 2018**

6:00 PM

*(Please arrive 30 minutes prior for registration)*

**BLT Steakhouse**  
223 Saratoga Rd,  
Honolulu, Hawaii 96815  
RSVP BY:  
**RGN0003738**

For your convenience, Regeneron now offers an online registration site to RSVP for the program.

Please click this link: <http://rsvp.connectpw.com/RegeneronRSVP> to access the registration site.

*In accordance with the PhRMA Code on Interactions with Healthcare Professionals, this Program is limited to healthcare professionals and persons with bona fide professional interest in the information presented. Therefore, attendance at this Program by guests or spouses is not permitted. Please note that the value of any meal provided in connection with the Program may be reported in accordance with federal and state laws and regulations. If you currently hold a license in either Minnesota or Vermont or are an employee of the Veterans Administration, please note that we are not able to accommodate you at the presentation.*

## REGISTRATION FORM

<b>First Name:</b>		<b>M.I.</b>	<b>Last Name:</b>
<b>Degree(s):</b> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> OD <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PhD <input type="checkbox"/> RPh <input type="checkbox"/> PharmD <input type="checkbox"/>		<b>Credential Type (for Prescribers):</b> Retina Specialist <input type="checkbox"/> General Ophthalmologist <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Other: _____	
<b>Licensure State:</b>	<b>State License #:</b>	<b>Job Title:</b>	
<b>Business Name:</b>			
<b>Business Address:</b>			
<b>Business Phone:</b>		<b>Business Email:</b>	
<b>Location Type:</b> Clinic <input type="checkbox"/> or Hospital: Academic <input type="checkbox"/> Community <input type="checkbox"/> Other: <input type="checkbox"/> If other, please specify:			
<b>Have you previously attended a Regeneron Educational Program?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please send your completed registration form to Regeneron Educational Programs at [RegeneronRSVP@connectpw.com](mailto:RegeneronRSVP@connectpw.com) or via fax to 201-526-6873.

Questions regarding this Program should be directed to your Regeneron Medical Specialist, **Julie Modesti**, at 415-794-7973 or [julie.modesti@regeneron.com](mailto:julie.modesti@regeneron.com).

**This Program is being conducted by Regeneron Pharmaceuticals, Inc.  
No CME credits are available.**

# REGENERON