

SF Match

Central Application Service
Ophthalmology Fellowship Initial Distribution List

Registration #: _____

Name: _____
(Last, First)

INSTRUCTIONS:

Login to the Ophthalmology Fellowship Online Directory to select the programs you wish to distribute your application to. The initial distribution can have up to 8 programs at no additional cost. Additional programs and supplemental distributions cost \$35 per program regardless of how many distributions you have previously selected.

Please note that presently CAS is not available for Neuro-Ophthalmology and Pathology programs.

Program Number	Program Name	Fee
1.	_____	} \$0
2.	_____	
3.	_____	
4.	_____	
5.	_____	
6.	_____	
7.	_____	
8.	_____	
9.	_____	\$35
10.	_____	\$70
11.	_____	\$105
12.	_____	\$140
13.	_____	\$175
14.	_____	\$210
15.	_____	\$245
16.	_____	\$280
17.	_____	\$315
18.	_____	\$350
19.	_____	\$385
20.	_____	\$420
21.	_____	\$455
22.	_____	\$490
23.	_____	\$525
24.	_____	\$560
25.	_____	\$595
26.	_____	\$630
27.	_____	\$665
28.	_____	\$700
29.	_____	\$735
30.	_____	\$770

SELECT PAYMENT TYPE:

Check # _____ Amount: \$ _____ (Mail check with coupon - see next page)

Visa/Master Card # _____ - _____ - _____ - _____ Expiration Date: ____ / ____
(month/year)

Card Holder Name: _____ Billing Address: _____

Cardholder Signature: _____

TOTAL # OF DISTRIBUTIONS:

TOTAL FEE:

Applicant Signature: _____

Date: _____

To avoid delays, check payments for CAS distributions must be mailed separately from CAS application package. Please be sure to include a copy of the check coupon below when mailing your check.

SF Match

Central Application Service
Ophthalmology Fellowship
Check Coupon

Applicant Name: _____

Registration #:

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Check #: _____

Amount: _____

Please mail check with coupon to:

SF Match
c/o Wells Fargo Lockbox Services
SF Match Program - Dept 34059
3440 Walnut Avenue, Building A, 2nd Floor
Fremont, CA 94538