



Fight for Sight Scientific Review Committee Application

Please include a digital photo of yourself and a copy of your CV.

Return to arthur@fightforsight.org or Fax: 212-679-4466

Name: _____

Degree(s): _____ **Phone Number(s):** _____

Academic Title: _____

Institution: _____

Address: _____

E-mail address(s): _____

Area(s) of clinical and/or scientific expertise: _____

3 - 5 most recent publications: _____

5 - 10 keywords describing your expertise: _____
