



**Childhood Glaucoma Research Network
Member Directory Contact Form**

Last Name: _____ First Name: _____ M.I.: _____

Designation (MD, PhD, etc.): _____

Title: _____

Specialty: _____

Primary Contact Information

Company/ Institution/Office: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Work Phone: _____ Fax: _____

Email: _____ Publish email on the web? YES NO

Website: _____

**Please provide the direct URL to your biography page.*

Would you like this information posted to the CGRN website? YES NO

Information will be posted on a public website.

Would you like this information posted to the webSITE for Parents of Children with Glaucoma? YES NO

Directory will help parents to locate an ophthalmologist specializing in pediatric glaucoma in their area.

Please complete and return to the CGRN Executive Office:

Email:

horsmann@umn.edu

Fax:

612-626-3119

Mail:

University of Minnesota
Dept. of OVNS
420 Delaware St. SE, MMC 493
Minneapolis, MN 55455