

# Fellowship Report Form

Please share your trip details with our team! We request that you kindly return this form with the information requested below along with any photos, videos and first person experiences you are willing to share. This information may be used on our web site to inspire other surgeons to act. If you are would like us to keep the information confidential, please let us know, and we will happily honor your request.

Please describe your fellowship experience:

**Contact name**

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**Name of Site of Glaucoma Fellowship**

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**Email address**

**Phone number**

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**Date of trip (if applicable)**

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**Location**

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**Number of patients served**

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**Number of local doctors trained**

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**Number and types of surgical procedures performed**

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**Were all the donated products used?**

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**If no, what did you do with the excess of each?**

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**What else would you like to report? Please feel free to share a favorite story!**

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**Any additional feedback/suggestions?**

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