



# MENTORING PROGRAM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

I would like to:       Be a mentor

Find a mentor

I am currently       In practice      Years in Practice \_\_\_\_\_

General       Glaucoma       Oculoplastics       Retina

Cornea       Pediatric       Neuro       Uveitis

Refractive       Other \_\_\_\_\_

Doing research in \_\_\_\_\_

A resident at \_\_\_\_\_ Year \_\_\_\_\_

A fellow in \_\_\_\_\_ at \_\_\_\_\_

Areas of Interest: \_\_\_\_\_

Thank you for your interest. We will be in touch with you via e-mail.

If you have any questions, please feel free to e-mail us at [info@wioonline.org](mailto:info@wioonline.org) or call us at (414) 359-1610.

Thanks,  
Tien-An Yang, MD, PhD, Mentoring Program Regional Coordinator  
Gloria Wang, MD, Secretary WIO  
Jennifer Lim, MD, President WIO

**PLEASE RETURN FORM TO US DIRECTLY  
EMAIL TO [info@wioonline.org](mailto:info@wioonline.org) OR FAX TO (414) 359-1671**