

Registration Information

A. REGISTRATION FEES

Attendee fee includes badge, printed program, all sessions and regular courses, and the ASOA Party. There will be an additional fee for ASOA optional seminars and ASCRS skills transfer sessions. For information on ASOA optional seminars, see page 11; information on skills transfer sessions will be available online and in the Preview Program (mailed mid January).

Registrants of ASCRS or ASOA programs are welcome to attend either or both Symposium and Congress programs. A joint registration category is available this year for those interested in attending both the ASOA and Technicians & Nurses programs.

ASCRS•ASOA			
CATEGORY	CATEGORY #	FEE Before 2/19	FEE After 2/19
ASCRS Domestic Nonmember	1	\$1420	\$1710
ASCRS Domestic Member*	2	\$685	\$975
ASCRS International Nonmember	3	\$1030	\$1275
ASCRS International Member*	4	\$525	\$770
Resident/Fellow†	5	\$125	\$125
Corporate/Other	6	\$995	\$1450
ASOA Nonmember	7	\$395	\$475
ASOA Member*	8	\$375	\$450
Technicians & Nurses	9	\$395	\$475
ASOA/Technicians & Nurses‡	10	\$530	\$600
Optometrist	11	\$395	\$775
Spouse/Guest	12	\$150	\$150

* Membership must be current.

† International resident/fellow must pay ASCRS international member dues.

‡ NEW! The joint registration category is for those interested in attending both the ASOA and Technicians & Nurses programs. Crossover between the ASOA and Technicians & Nurses program will be permitted to those registered in the joint registration category only. Those registered for either the ASOA or Technicians & Nurses program will not be allowed to go between the two programs.

- **ASCRS Nonmember:** An MD, PhD, or DO who is not a current member of ASCRS.
- **ASCRS Member:** An MD, PhD, or DO who is a current member of ASCRS. Registration fee does not include annual membership dues. (NOTE: An MD, PhD, or DO who is a member of ASOA only MUST join ASCRS and pay appropriate membership dues.)
- **Resident/Fellow:** An MD or DO who is CURRENTLY in a residency or fellowship program. **A current letter of verification from department chairperson or fellowship sponsor must accompany this registration. Letters, which will be verified, can be faxed along with your registration to (703) 591-0614.**
- **Corporate/Other:** Manufacturers and others who do not have exhibit space but wish to attend the Symposium and Congress. This includes attendees who plan on attending the exhibit hall only.
- **ASOA Nonmember:** Office nonclinical staff. **Physicians cannot register in this category.**

- **ASOA Member:** Office administrator, or other who is a current member of ASOA. **Physicians cannot register in this category.**
- **Technicians & Nurses:** Ophthalmic assistants, technicians, technologists and nurses program. **Physicians cannot register in this category.**
- **Optometrist:** Optometrists (ODs) can only register under the optometrist category and must complete the optometrist section of the form before the registration can be processed.
- **Spouse/Guest:** Guests 21 years of age and over are required to pay a registration fee. Includes badge, printed program, entrance into the exhibit hall, and the ASOA Party. This badge is limited to spouse, guest, relative, or other individual accompanying an ASCRS or ASOA member. Members, potential members, or staff will not be considered under the spouse/guest registration category. **Physicians/ASCRS•ASOA members cannot register in this category.** (Entrance into sessions/courses is not included.)

PRESS

There is a registration fee of \$250 for all members of the ophthalmic trade press, market research staff and analysts. Please contact Jacqueline Inglesby at 703-591-2220 or jinglesby@ascrs.org to register. Registration is not final until the Director of Communications has approved your application.

Registration Information

B. MEMBERSHIP DUES

Registration fee does not include annual membership dues. NOTE: If you are registering as an ASCRS member, the appropriate membership dues will be added to your registration fee. New or renewing ASCRS members, please add appropriate membership dues.

ASCRS Membership Dues Domestic (1-Year membership)	\$ 485
ASCRS Member Dues International (1-Year membership)	\$ 255
ASOA Membership Dues (1-Year membership)	\$ 275

If you do not know your membership expiration date, please call our office at (703) 591-2220

C. REGISTRATION AND BADGE INFORMATION

- Use complete mailing address. This is the address that all meeting materials will be mailed to. Your name, degree, city, and state or country will be printed on your badge. (Maximum number of degrees listed on badge: 2)
- If you register by February 19 and live in the U.S., you have the option to receive your badge by mail before the meeting.

PROGRAM PARTICIPANTS

All program participants are required to register and pay the appropriate fee for the meeting.

REGISTRATION QUESTIONS?

E-mail ascrs@cdsreg.com
 Domestic (800) 748-5064
 International (508) 743-0538
 9:00 AM to 5:00 PM ET

CANCELLATION/REFUND POLICY

All cancellations and requests for refunds must be in writing and received no later than **February 19, 2010**. A handling fee of \$125.00 will be deducted from each cancelled registration. The membership portion of the registration New/Renew fee is nonrefundable. NO REFUNDS will be given after **February 19, 2010**.

ASSISTANCE

ASCRS•ASOA is ADA compliant. Any registrant who requires special accommodations should contact ASCRS•ASOA by February 19, 2010 (703) 591-2220.

IMPORTANT DATES

Early-Bird Fee Deadline **February 19**
Preregistration Deadline (Domestic Only). **February 19**
 (to receive badge in mail)
Hotel Reservation Deadline **March 1**

WAYS TO REGISTER

Web: www.ascrs.org or www.asoa.org

Mail: ASCRS•ASOA 2010
 c/o Convention Data Services
 107 Waterhouse Road
 Bourne, MA 02532

Note: *Faxed registrations will not be accepted. If you are unable to register online, please mail your registration to the above address.*

Registration Form

WAYS TO REGISTER

Web: www.ascrs.org or www.asoa.org

Mail: ASCRS•ASOA 2010
c/o Convention Data Services
107 Waterhouse Road
Bourne, MA 02532

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Please note that faxed registration forms will not be accepted. If you are unable to register online, please mail your registration to the above address.

1 REGISTRATION AND BADGE INFORMATION

FIRST NAME		LAST NAME/FAMILY NAME		MI	DEGREE
PRACTICE NAME					
BUSINESS MAILING ADDRESS					
BUSINESS MAILING ADDRESS					
CITY		STATE	ZIP	COUNTRY	
BUSINESS TELEPHONE		FACSIMILE		E-MAIL (Required)	

OPTOMETRIST*

All optometrists (ODs) must complete the following before registration form can be processed.

I certify that my employment situation falls into one of the following categories:

- employed by an ophthalmologist
- employed by a medical school (not a college of optometry)
- employed by industry manufacturer
- employed by corporate center (TLC,LCA, etc.)
- working at practice(s) owned equally by ODs and MDs

Name and address of employer (PLEASE PRINT):

2 REGISTRATION FEES

CATEGORY	CATEGORY #	FEE
ASCRS•ASOA		
ASCRS Nonmember		
World Cornea Congress VI		
ASCRS Symposium/World Cornea Congress VI		
ASCRS Glaucoma Day 2010		
ASOA Nonmember (To become a member before registering, go to www.asoa.org .)		
Technicians & Nurses		
ASOA/Technicians & Nurses		

3 MEMBERSHIP DUES

Registration fee does not include annual membership dues. NOTE: If you are registering as an ASCRS member, the appropriate membership dues will be added to your registration fee. New or renewing ASCRS members, please add appropriate membership dues:

ASCRS Membership Dues Domestic (1-Year membership) \$485

ASCRS Member Dues International (1-Year membership) \$255

4 SPOUSE/GUEST FEE: \$150

Must be a spouse/guest of a registered attendee. Guests 21 years of age and over are required to pay a registration fee. (Does not include entrance into session/courses. Physicians/members may not register in this category.)

PLEASE PRINT

_____	_____
FIRST NAME	LAST NAME/FAMILY NAME
_____	_____
FIRST NAME	LAST NAME/FAMILY NAME

TOTAL

2 REGISTRATION FEE	\$ _____
3 MEMBERSHIP DUES	\$ _____
4 SPOUSE/GUEST FEE	\$ _____
5 TOTAL PAYMENT ENCLOSED	\$ _____

5 PAYMENT METHOD (U.S. FUNDS ONLY) PAYMENT MUST ACCOMPANY REGISTRATION FORM

ASCRS•ASOA is hereby authorized to adjust registration charges originally paid via mail, phone, or Internet using my credit card if the amount originally paid was deficient or excessive by charging or crediting my credit card account and providing a mailed notice of the adjustment.

- CHECK (Payable to ASCRS—Mail to address above)
- WIRE TRANSFER (Call for Details)
Domestic (800) 748-5064
International (508) 743-0538

CREDIT CARD:

- MasterCard 
- VISA 
- AMEX 

Credit Card Number

Expiration Date

Cardholder Signature

Name of Cardholder (Please Print)

ASOA Optional Seminar Registration Form

Check box for the course(s) you want to attend.

Friday, April 9, 2010

COURSE	TIME	LIMIT
<input type="checkbox"/> Maximizing Leadership Skills	8:00 AM–5:00 PM	50
<input type="checkbox"/> Practice Management Boot Camp: What You Must Know to Succeed	8:00 AM–5:00 PM	50
<input type="checkbox"/> Technology Day—From Software Tips to Social Networking	8:00 AM–5:00 PM	50
<input type="checkbox"/> When Patients Pay Out of Pocket—Retail Secrets	8:00 AM–5:00 PM	50
<input type="checkbox"/> COE Review Day		100
Part I, Friday	9:00 AM–5:00 PM	
Part II, Saturday	12:30–5:30 PM	

FEE PER COURSE ASOA Member \$150 Nonmember \$200

Tuesday, April 13, 2010

COURSE	TIME	LIMIT
<input type="checkbox"/> Pinto Practice Coaching	8:00 AM–12:00 PM	100

FEE ASOA Member \$40 Nonmember \$60 **Total Amount Due** \$

WAYS TO REGISTER **Web:** www.ascrs.org or www.asoa.org
Mail: ASCRS•ASOA 2010
 c/o Convention Data Services
 107 Waterhouse Road
 Bourne, MA 02532

*Faxed forms will not be accepted.
 If you are unable to register online,
 please mail your registration
 to the address shown.*

TYPE or PRINT CLEARLY

FIRST NAME _____ LAST NAME/FAMILY NAME _____ MI _____ DEGREE _____
 PRACTICE NAME _____
 BUSINESS MAILING ADDRESS _____
 BUSINESS MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____ COUNTRY _____
 TELEPHONE _____ FACSIMILE _____ E-MAIL _____

**PAYMENT METHOD (U.S. FUNDS ONLY)
 PAYMENT MUST ACCOMPANY
 REGISTRATION FORM**

ASCRS•ASOA is hereby authorized to adjust registration charges originally paid via fax, phone, or Internet using my credit card if the amount originally paid was deficient or excessive by charging or crediting my credit card account and providing a mailed notice of the adjustment.

CHECK (Payable to ASOA) Mail to address above.

CREDIT CARD:

MasterCard  VISA  AMEX 

_____ Credit Card Number _____ Expiration Date _____

_____ Cardholder Signature _____

_____ Name of cardholder (Please Print) _____

ASOA Certified Ophthalmic Executive Registration Form



On-site Exam, Tuesday, April 13, 2010
8:30 AM–12:00 PM, Boston Convention & Exhibition Center

ASOA is pleased to offer a Certified Ophthalmic Executive (COE) Exam on Tuesday morning, **April 13, 2010**, in Boston, MA. Join the more than 200 ophthalmic administrators who proudly display the COE credential by taking this written exam.

In addition, do not miss the opportunity to review exam specific content areas during the 2 part COE Review Day on Friday, April 9, 2010 and Saturday, April 10, 2010. See the ASOA Optional Seminar Registration Form (page 11) for details.

*Note: Completing the Review Day does not guarantee you will pass the COE exam.
 For additional information, contact Susan Younker at syounker@asoa.org or (703) 788-5759.*

WAYS TO REGISTER

Web: www.ascrs.org or www.asoa.org

Mail: ASCRS•ASOA 2010
 c/o Convention Data Services
 107 Waterhouse Road
 Bourne, MA 02532

Please note that faxed forms will not be accepted. If you are unable to register online, please mail your registration to the above address.

DEADLINE DATE

March 19, 2010

One registration per form.
 Copy form if necessary.

ASSISTANCE

ASCRS•ASOA is ADA compliant. A registrant who requires special accommodations should contact ASCRS•ASOA by February 19, 2010 at (703) 591-2220.

**CANCELLATION/
 REFUND POLICY**

All cancellations and requests for refunds must be in writing and received no later than **February 19, 2010**. A handling fee of \$75 will be deducted from each cancelled registration. **NO REFUNDS** will be given after **February 19, 2010**.

TYPE or PRINT CLEARLY

 LAST/FAMILY NAME FIRST NAME MI DEGREE

 PRACTICE NAME

 BUSINESS MAILING ADDRESS

 BUSINESS MAILING ADDRESS

 CITY STATE ZIP COUNTRY

 TELEPHONE FACSIMILE E-MAIL

COE EXAM REGISTRATION FEE

ASOA Member \$250
ASOA Nonmember \$550

I hereby attest that by submitting this application I have at least three years of health care administration experience and have been involved for one or more of these years in ophthalmic management.

 Signature/Date (required)

**PAYMENT METHOD (U.S. FUNDS ONLY)
 PAYMENT MUST ACCOMPANY
 REGISTRATION FORM**

ASCRS•ASOA is hereby authorized to adjust registration charges originally paid via fax, phone, or Internet using my credit card if the amount originally paid was deficient or excessive by charging or crediting my credit card account and providing a mailed notice of the adjustment.

Total Amount: _____

CHECK (Payable to ASOA) Mail to address above.

CREDIT CARD:

MasterCard  Visa  AMEX 

 Credit Card Number Expiration Date

 Cardholder Signature

 Name of cardholder (Please Print)