

## FOUR WAYS TO REGISTER

**ONLINE**  
VisionExpoEast.com/learning

**BY FAX**  
Fax this completed form to 708.344.4444.  
Please include your phone number in case we have questions. Method of payment by credit card only.

**BY PHONE**  
Call 800.811.7151 or 203.840.5610 for education registration only and have your credit card ready.

**BY MAIL**  
Send this completed form to: International Vision Expo East, c/o Compusystems, 2651 Warrenville Rd., Suite 400, Downers Grove, IL 60515.

**1. CONTACT INFORMATION** If the information on the mailing label is incorrect, please make changes directly to the pre-printed information.

BUSINESS TELEPHONE (DO NOT INCLUDE INTERNATIONAL DIALING CODE) BUSINESS FAX

E-mail (MANDATORY TO RECEIVE CE ATTENDANCE LETTER)

FL OD LICENSE # FL OPTICIAN LICENSE #

ARBO/COPE OE TRACKER # (OD's Only)

LICENSE STATE STATE LICENSE #

NPI (NATIONAL PROVIDER IDENTIFIER) #

## 2. YOUR TITLE/POSITION

(Please check one. This selection determines your badge category.)

- A Buyer — Optical
- B Buyer — Retail
- C Corporate Management
- D Laboratory Manager
- E Laboratory Technician
- F Manufacturer's Representative
- G Optician, Licensed or Certified
- H Optician, Non-Certified
- J Opticianry Assistant
- K Ophthalmologist
- M Ophthalmic Medical Personnel-COA
- AA Ophthalmic Medical Personnel-COT
- BB Ophthalmic Medical Personnel-COMT
- N Ophthalmological Assistant — (Non-certified)
- P Ophthalmological Resident
- Q Optometrist (OD)
- R Optometric Technician
- S Optometric Resident
- T Office/Practice Management
- W Student
- Z Other (Please specify)

## 3. STUDENTS (Please check one.)

- A Pre-Optometry
- B Optometry
- C Opticianry
- D Fashion
- E Other (Please specify)

## 4. TYPE OF BUSINESS/PRACTICE

(Please check one.)

- A Chain/Department/Superstore
- B Independent Ophthalmological Practice
- C Independent Optometric Practice
- D Independent Optometric Practice Affiliated with Corporate Chain
- E Laboratory (Surfacing)
- F Laboratory (Other)
- G Manufacturer
- H Multidisciplinary Practice
- J Retail — Drug/Pharmacy/Grocery
- K Retail Optical Store, 1-10 locations
- M Retail Optical Chain, 10+ locations
- N Sporting Goods
- P Wholesaler/Distributor
- Q Other (Please specify)

## 5. YOU ARE A/AN (Please check one.)

- A Owner  C Employee
- B Manager  D Buyer

## 6. I AM

- A Female  B Male

## 7. REGISTRATION TYPE

EXHIBITS ONLY:  On or Before 3.2.17: \$75  After 3.2.17: \$100  
 At Exhibit Hall 3.30-4.2.17: \$150  
EDUCATION:  Includes Exhibit Hall

## 8. REGISTRATION PACKAGES AND A LA CARTE SELECTIONS

Standard Packages	On or Before 3.2.17	After 3.2.17
Package A-6 Hours	\$284 <input type="checkbox"/>	\$309 <input type="checkbox"/>
Package B-9 Hours	\$358 <input type="checkbox"/>	\$390 <input type="checkbox"/>
Package C-13 Hours	\$483 <input type="checkbox"/>	\$506 <input type="checkbox"/>
Package D-18 Hours	\$641 <input type="checkbox"/>	\$667 <input type="checkbox"/>

Total Office Packages	Total Office Pricing	
Package E-25 Hours (\$35/hr)	\$864 <input type="checkbox"/>	up to 4 people
Package F-35 Hours (\$32/hr)	\$1,111 <input type="checkbox"/>	up to 7 people
Package G-45 Hours (\$30/hr)	\$1,362 <input type="checkbox"/>	up to 10 people

A la Carte	On or Before 3.2.17	After 3.2.17
1 Hour	\$112 <input type="checkbox"/>	\$118 <input type="checkbox"/>
2 Hours	\$186 <input type="checkbox"/>	\$197 <input type="checkbox"/>
3 Hours	\$216 <input type="checkbox"/>	\$228 <input type="checkbox"/>
4 Hours	\$235 <input type="checkbox"/>	\$260 <input type="checkbox"/>
5 Hours	\$271 <input type="checkbox"/>	\$297 <input type="checkbox"/>

State Association Courses	
<b>POA:</b> A Common Sense Approach to Medical Billing and Coding: <b>25B5</b>	\$50 members <input type="checkbox"/> \$100 non-members <input type="checkbox"/>
<b>NYSOA:</b> Preparing Your Practice for the Changes in Medicare and All of Healthcare: <b>32B6</b>	
<b>NYSOA:</b> Surviving an Audit: <b>33B6</b>	

**Free Courses	**Advance Registration is required for free courses
Global Contact Lens Forum: <b>10L1, 10L2, 10L3</b>	<input type="checkbox"/>
Ocular Surface Disease and Wellness Symposium: <b>10L4 and 10L5</b>	<input type="checkbox"/>
Medical & Scientific Theater Courses	<input type="checkbox"/>
Vision Series Courses	<input type="checkbox"/>

Workshops	
Frame Adjusting & Repair: <b>2502</b>	\$186 <input type="checkbox"/>
Scleral Lens Fitting - It's as Easy as 1, 2, 3: <b>26L1</b>	\$186 <input type="checkbox"/>
Amniotic Membranes in the Optometric Practice: <b>30C3</b>	\$186 <input type="checkbox"/>

## 9. LIST BELOW THE COURSES YOU WOULD LIKE TO TAKE (Including free courses)

THURSDAY Course	Fee	FRIDAY Course	Fee	SATURDAY Course	Fee	SUNDAY Course	Fee

GRAND TOTAL (7-9): \$

## 10a. METHOD OF PAYMENT

AMOUNT \$

CHECK ENCLOSED  
 Payable to Reed Exhibitions

CHARGE TO:  
 AMEX  MasterCard  VISA

## 10b. CARDHOLDER'S NAME (Please print)

ACCOUNT #:

EXPIRATION DATE:

CARDHOLDER'S SIGNATURE:

I agree to pay the above total amount according to my card issuer agreement.

ANY QUESTIONS? CALL 1.800.811.7151 OR 1.203.840.5610 | EMAIL inquiry@visionexpo.com

**REGISTRATION POLICY**  
Standard Packages do not include A la Carte courses. Hours cannot be combined with another registrant. Total Office Packages do not include A la Carte courses. When registering for Total Office Packages please use same company name, address and zip code and a registration form for each person. Please Note: registrations must be submitted together.

No special offers or promotions can be combined. Other discounts do not apply to Total Office Packages. Discounts do not apply to registrations already secured. Registration fees are non-refundable and non-transferable. Additional hours can be added to any package for \$35 per hour. Package prices are based on paid course hours. Credit rollovers will not be granted for unused hours.

Standard Package and/or A la Carte registrations cannot be changed to Total Office Package Registrations and vice versa. Badge is required for admittance to each course.

**IMPORTANT**  
Prior to the event, you will be e-mailed your course itinerary. Please bring this confirmation letter with barcode onsite to Registration to have your badge and course itinerary printed.

We collect this data in order to provide you with information about International Vision Expo and other companies in your industry. If you prefer not to receive further information, please see our Privacy Statement at VisionExpo.com or call our Privacy Administrator at 1.888.306.2344, or from outside the U.S. at 1.203.840.5810.

CANCELLATION POLICY  
VisionExpoEast.com