INTERNATIONAL VISION EXPO EAST
EXHIBITS ONLY AND/OR CONTINUING EDUCATION REGISTRATION

EDUCATION MARCH 30–APRIL 2, 2017 | EXHIBITION MARCH 31–APRIL 2, 2017

THE **VISION** COUNCIL   Reed Exhibitions

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
- ☐ B Manager
- ☐ C Employee
- ☐ 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 ☐	$309 ☐
Package B–9 Hours	$358 ☐	$390 ☐
Package C–13 Hours	$483 ☐	$506 ☐
Package D–18 Hours	$641 ☐	$667 ☐

Total Office Packages	Total Office Pricing	
Package E–25 Hours ($35/hr)	$864 ☐	up to 4 people
Package F–35 Hours ($32/hr)	$1,111 ☐	up to 7 people
Package G–45 Hours ($30/hr)	$1,362 ☐	up to 10 people

A la Carte	On or Before 3.2.17	After 3.2.17
1 Hour	$112 ☐	$118 ☐
2 Hours	$186 ☐	$197 ☐
3 Hours	$216 ☐	$228 ☐
4 Hours	$235 ☐	$260 ☐
5 Hours	$271 ☐	$297 ☐

State Association Courses	
POA: A Common Sense Approach to Medical Billing and Coding: **25B5**	$50 members ☐
NYSOA: Preparing Your Practice for the Changes in Medicare and All of Healthcare: **32B6**	$100 non-members ☐
NYSOA: Surviving an Audit: **33B6**	

Free Courses	**Advance Registration is required for free courses
Global Contact Lens Forum: **10L1, 10L2 , 10L3**	☐
Ocular Surface Disease and Wellness Symposium: **10L4 and 10L5**	☐
Medical & Scientific Theater Courses	☐
Vision Series Courses	☐

Workshops	
Frame Adjusting & Repair: **25O2**	$186 ☐
Scleral Lens Fitting – It's as Easy as 1, 2, 3: **26L1**	$186 ☐
Amniotic Membranes in the Optometric Practice: **30C3**	$186 ☐

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