



## HOW TO REGISTER FOR OPTOMETRY'S MEETING® 2017

**Register early – the earlier you register, the more you save!** Registrants are encouraged to submit their registration as early as possible in order to receive discounted rates and avoid lines on-site.

**Online** at [optometrismeeing.org](http://optometrismeeing.org) – Online registration is a fast, simple way to complete your meeting registration. Payment must be made at the time online registration is completed. Unpaid online registrations will not be processed.

**Via mail** – complete the registration form found on the following pages. Registrations will not be accepted via phone or email. A separate form must be completed for each primary registrant. All information must be completed in order for your registration to be processed. Mailed registrations will be processed according to the postmark date. Registrations without a form of payment will not be processed.

**Please mail completed registrations forms to:**

Optometry's Meeting 2017  
C/o CompuSystems  
2651 Warrenville Rd, Suite 400  
Downers Grove, IL 60515

**Need help with registration?** Call customer service at 877-394-9748. International attendees may call 708-344-1112. Email: [omregistration@compusystems.com](mailto:omregistration@compusystems.com)

## CANCELLATION POLICY

A refund of registration fees, less a \$50 per person administrative charge, will be granted if your written request is postmarked on or prior to May 15, 2017. No refunds will be given after the May 15 deadline. All refunds will be issued in the same form as your original payment.

Cancellation requests will not be processed by phone. Request for refund should be mailed or emailed to:

Optometry's Meeting 2017  
C/o CompuSystems  
2651 Warrenville Rd, Suite 400  
Downers Grove, IL 60515

Email: [omregistration@compusystems.com](mailto:omregistration@compusystems.com)

## LIABILITY

The AOA reserves the right to cancel Optometry's Meeting®, or any part of the meeting, due to unforeseen circumstances or to limit enrollments, should attendance exceed capacity. Costs incurred, such as airline or hotel penalties, are the responsibility of the individual.

## PHYSICIAN PAYMENTS SUNSHINE ACT

The Physician Payments Sunshine Act requires eye product manufacturers to report attendance registration information for continuing education, meals, and items of value that are supported by grant funding from such companies. The AOA will provide registration information about you to sponsoring companies to allow the companies to fulfill their Sunshine Act reporting obligations. In addition, some states have laws governing the interactions between licensed physicians and pharmaceutical and medical device companies. Please be aware of your state's laws and plan your activities accordingly.

# 2017 PROFESSIONAL ATTENDEE REGISTRATION FORM

**Each professional attendee must submit a separate form. Please print clearly.** Guest/Child registration form follows.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Name (As you would like it to appear on your badge) \_\_\_\_\_ Degree(s) \_\_\_\_\_


AOA ID Number \_\_\_\_\_ OE Tracker/ARBO# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

  In accordance with the Americans with Disabilities Act, please check here if you require special services to fully participate.

**CHECK made payable to Optometry's Meeting (U.S. dollars only)**

**CREDIT CARD type:**  **MasterCard**  **Visa**  **American Express**

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code\*: \_\_\_\_\_

\*Three-digit code found on the back of your MasterCard or Visa. Four-digit code found on the front of your American Express.

Signature\*: \_\_\_\_\_

\*The AOA has the authority to adjust the amount charged to my credit card if the total of all functions is not correct

**Mail completed registration form (this page and following pages as needed) and payment to:**

Optometry's Meeting® 2017  
C/o CompuSystems  
2651 Warrenville Rd, Suite 400  
Downers Grove, IL 60515

## REGISTRANT FEE CATEGORY

Early Bird Through MAY 10

Advance MAY 11 – JUNE 20

On-site JUNE 21 – 25

AOA/AOSA Member Registration Fees	Early-Bird	Advance	On-Site
<b>With CE:</b>			
Optometrist	\$459	\$509	\$559
Life Member	\$189	\$209	\$229
Optometric Educator	\$379	\$429	\$479
Optometrist One-Day <i>Circle one: Wednesday -or- Thursday -or- Friday -or- Saturday -or- Sunday</i>	\$279	\$329	\$379
<b>NEW!</b> Optometrist Two-Day <i>Circle TWO: Wednesday -or- Thursday -or- Friday -or- Saturday -or- Sunday</i>	\$379	\$429	\$479
Optometric Staff (Paraoptometric)	\$199	\$219	\$239
Optometric Staff (Paraoptometric) One-Day <i>Circle one: Wednesday -or- Thursday -or- Friday -or- Saturday -or- Sunday</i>	\$99	\$109	\$119
Student/Future Optometrist	\$75	\$85	\$85
Student One Day Pass <i>Circle one: Wednesday -or- Thursday -or- Friday -or- Saturday -or- Sunday</i>	\$60	\$60	\$60
Resident/Post-Graduate	\$89	\$99	\$109
<b>No CE:</b>			
Association Executive	\$189	\$209	\$229
Exhibits & Events Only	\$239	\$239	\$239
Exhibit Hall Only Pass (not available for Students)	\$29	\$29	\$29

Non-Member Registration Fees	Early-Bird	Advance	On-Site
<b>With CE:</b>			
Optometrist	\$859	\$909	\$959
Optometrist One-Day <i>Circle one: Wednesday -or- Thursday -or- Friday -or- Saturday -or- Sunday</i>	\$449	\$509	\$549
<b>NEW!</b> Optometrist Two-Day <i>Circle TWO: Wednesday -or- Thursday -or- Friday -or- Saturday -or- Sunday</i>	\$549	\$609	\$649
Optometric Staff (Paraoptometric)	\$254	\$279	\$304
Optometric Staff (Paraoptometric) One-Day <i>Circle one: Wednesday -or- Thursday -or- Friday -or- Saturday -or- Sunday</i>	\$179	\$199	\$224
Student/Future Optometrist	\$149	\$169	\$199
Student One Day Pass <i>Circle one: Wednesday -or- Thursday -or- Friday -or- Saturday -or- Sunday</i>	\$70	\$70	\$70
Resident/Post-Graduate	\$149	\$169	\$199
<b>No CE:</b>			
Exhibits & Events Only	\$239	\$239	\$239
Exhibit Hall Only Pass (not available for Students)	\$29	\$29	\$29

<b>REGISTRATION FEE TOTAL</b>	<b>\$</b>
<b>OPTOMETRY CARES® 5K RUN/WALK (\$30 FEE) Saturday, June 24 at 6:00 a.m.</b>	<b>\$</b>
<b>AOA FOUNDATION DONATION</b>	<b>\$</b>
<b>GUEST FEE TOTAL</b>	<b>\$</b>
<b>GRAND TOTAL</b>	<b>\$</b>


# 2017 GUEST REGISTRATION FORM

**Submit a separate copy of this form for each additional guest and/or child. Please print clearly.**

Name of guest \_\_\_\_\_

Primary registrant with whom this form is associated \_\_\_\_\_

Check one:  Adult Guest     Guest of Future Optometrist (Student)     Child 12-17     Child 4-11     Child 0-3

  In accordance with the Americans with Disabilities Act, please check here if you require special services to fully participate.

**Early Bird** Through MAY 10

|        **Advance** MAY 11 – JUNE 20

|        **On-site** JUNE 21 – 25

<b>AOA/AOSA Member Guest Registration Fees</b>			
<b><i>Adult Guests and Children of AOA/AOSA Members and Association Executives</i></b>	<b>Early-Bird</b>	<b>Advance</b>	<b>On-Site</b>
Adult Guest (Exhibits & Events)	\$189	\$199	\$209
Exhibit Hall Only Pass (not available for Student guests)	\$29	\$29	\$29
Child 0-17 years	\$0	\$0	\$0

<b>Non-Member Guest Registration Fees</b>			
<b><i>Adult Guests and Children of Non-Members</i></b>	<b>Early-Bird</b>	<b>Advance</b>	<b>On-Site</b>
Adult Guest (Exhibits & Events)	\$239	\$239	\$239
Exhibit Hall Only Pass (not available for Student guests)	\$29	\$29	\$29
Child 12-17 years	\$50	\$60	\$70
Child 4-11 years	\$25	\$35	\$45
Child 0-3 years	\$0	\$0	\$0

<b>GUEST REGISTRATION FEE TOTAL</b>	<b>\$</b>
<b>OPTOMETRY CARES® 5K RUN/WALK (\$30 FEE) Saturday, June 24 at 6:00 a.m.</b>	<b>\$</b>
<b>GUEST FEE TOTAL</b>	<b>\$</b>