

GROUP DISCOUNTS

*Hawaiian
Eye™ 2013*

Retina™ 2013

January 20-25, 2013

HILTON WAIKOLOA VILLAGE

HAWAII'S BIG ISLAND

Bring the whole team!

Update your practice • Get registration discounts

Ophthalmologists: Bring nurses and/or administrators from your practice and receive the "Practice Plan" discount:

- **Save \$260** on each nurse/administrator registration when at least 2 attend with a physician
- **Save \$310** on each nurse/administrator registration when 3+ attend with a physician

This continuing medical education activity is jointly sponsored by



and

**OCULAR
SURGERY NEWS**

Practice Plan Registration



January 20-25, 2013
HAWAII'S BIG ISLAND



PHYSICIAN CONTACT INFORMATION:

First/Given Name	Middle	Last/Family Name	Suffix	Degree
Address				
City		State/Province		Zip/Postal Code
Country			E-mail (for confirmation purposes)	
Phone (work)		Phone (mobile)		Fax (for confirmation purposes)
Year of Birth		Year of Medical School Graduation		State of Practice

REGISTER TODAY!

By phone: 877-307-5225, ext. 219 or 476
 +(1) 856-848-1000, ext. 219 or 476
 Office hours Mon – Fri 9:00 am – 5:00 pm EST

Fax this form to: +(1) 856-251-0278

Mail this form to: Meeting Registration
 6900 Grove Road
 Thorofare, NJ 08086-9447 USA

E-mail questions to: MeetingRegistration@slackinc.com

OPHTHALMOLOGIST REGISTRATION

Register before 9/30/12

- Hawaiian Eye Comprehensive Ophthalmologist:**
\$1,195 + 4.16% Hawaii Excise Tax = \$1,244.71
- Retina Specialist:**
\$1,195 + 4.16% Hawaii Excise Tax = \$1,244.71

Register after 9/30/12

- Hawaiian Eye Comprehensive Ophthalmologist:**
\$1,350 + 4.16% Hawaii Excise Tax = \$1,406.16
- Retina Specialist:**
\$1,350 + 4.16% Hawaii Excise Tax = \$1,406.16

These programs offer *AMA PRA Category 1 Credits™*. Registration is valid for physicians only and includes admission to general program sessions, workshops, seminars, and the exhibit hall.

Primary Subspecialty (please check one):

- | | | |
|--|--|--|
| <input type="checkbox"/> General Ophthalmology | <input type="checkbox"/> Pediatrics/Strabismus | <input type="checkbox"/> Retina |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Neurosciences |
| <input type="checkbox"/> Cornea/External Disease | <input type="checkbox"/> Oculoplastics | <input type="checkbox"/> Optics |
| <input type="checkbox"/> Cataract Surgery | <input type="checkbox"/> Refractive Surgery | |

CME Activity Request:

- Yes, I would like the opportunity to earn CME credits through future activities jointly sponsored by OCULAR SURGERY NEWS® and Vindico Medical Education.

NURSE/ALLIED HEALTH & ADMINISTRATOR REGISTRATION

- At least 2 Nurse or Administrator Attendees:**
\$375 + 4.16% Hawaii Excise Tax = \$390.60 each
- 3 or more Nurse or Administrator Attendees:**
\$325 + 4.16% Hawaii Excise Tax = \$338.52 each

Registration includes admission to general sessions, workshops, and the exhibit hall. The Nurse/Allied Health program offers CNE and JCAHPO credits; all nurse/allied health professionals must be actively employed in a medical practice. The Administrator program does not offer medical education credits; all administrators must be actively employed in a medical practice.

Nurse/Allied Health Attendees:

	RN	LPN	Tech/Allied Health
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Administrator Attendees:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

PROVIDE YOUR PAYMENT DETAILS

Total Registration US\$ _____

Check Enclosed (made payable to "Hawaiian Eye 2013" or "Retina 2013")

Charge My: Visa MasterCard American Express

Account Number _____

3-4 Digit Security Code _____ Exp Date _____

Signature _____

Hawaiian Eye Federal ID #: 27-4318741

Cancellations: Requests for refunds must be submitted in writing prior to January 3, 2013. There will be a \$200 cancellation fee applied per person for each physician and \$100 applied per person for each nurse or administrator. After January 3, 2013, there will be no refund.

ADA Compliance: In compliance with the Americans with Disabilities Act of 1990, we will make all reasonable efforts to accommodate persons with disabilities. Please call with your requests.

Hawaiian Eye Priority Code: 410-887
Retina Priority Code: 890-887