

# Hawaiian Eye™ 2012

# Retina™ 2012

**January 15-20, 2012**  
**GRAND WAILEA RESORT & SPA**  
**MAUI, HAWAII**

## **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 \$235** on each nurse/administrator registration when at least 2 attend with a physician
- **Save \$285** on each nurse/administrator registration when 3+ attend with a physician

This continuing medical education activity is jointly sponsored by

# Practice Plan Registration



January 15-20, 2012  
WAILEA, MAUI



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) 856-994-9400, ext. 219 or 476  
Office hours 9:00 am – 5:00 pm EST Mon – Fri

**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@VindicoMedEd.com

## OPHTHALMOLOGIST REGISTRATION

- Hawaiian Eye Comprehensive Ophthalmologist:**  
\$1,300 + 4.16% Hawaii Excise Tax = \$1,354.08
- Retina Ophthalmologist:**  
\$1,300 + 4.16% Hawaii Excise Tax = \$1,354.08

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"/> Oculoplastic & Reconstructive Surgery |
| <input type="checkbox"/> Glaucoma                | <input type="checkbox"/> Refractive Surgery                    |
| <input type="checkbox"/> Cornea/External Disease | <input type="checkbox"/> Retina                                |
| <input type="checkbox"/> Cataract                | <input type="checkbox"/> Neuro-ophthalmology                   |
| <input type="checkbox"/> Pediatric/Strabismus    | <input type="checkbox"/> Other                                 |

### 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+ 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 2012" or "Retina 2012")

Charge My:  Visa  MasterCard  American Express

Account Number \_\_\_\_\_

3-4 Digit Security Code \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

**Hawaiian Eye Federal ID #:** 22-3310161.

**Cancellations:** Requests for refunds must be submitted in writing prior to January 3, 2012. There will be a \$200 processing fee applied per person for each cancelled registration. After January 14, 2011, 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: 355-887**  
**Retina Priority Code: 251-887**