

CME/CNE

# Hawaiian Eye™ 2011 Retina™ 2011

## January 16-21, 2011

HYATT REGENCY MAUI RESORT & SPA  
WESTIN MAUI RESORT & SPA

Please consider the locations outlined below when making your housing selection. Shuttles between the two properties will be available during meeting hours for attendees and guests.

### Hyatt Regency Maui Resort & Spa

#### Comprehensive Ophthalmologist Program

- General Sessions
- Workshops
- Main Exhibit Hall
- Breakfast/Lunch Seminars

### Westin Maui Resort & Spa

#### Nurse/Allied Health Program

- General Sessions
- Workshops

#### Administrator Program

- General Sessions
- Workshops

#### Retina Meeting

- General Sessions
- Workshops
- Retina Exhibit Hall
- Retina Breakfast/Lunch Seminars

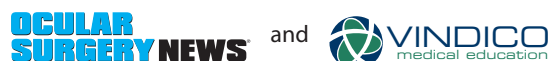
## Bring the whole team!

### 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 or more attend with a physician

These continuing medical education activities are jointly sponsored by



# Practice Plan Registration



January 16-21, 2011  
KA'ANAPALI, 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)			Fax (for confirmation purposes)	

## 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, Building 100  
 Thorofare, NJ 08086-9447 USA

**E-mail questions to:** MeetingRegistration@VindicoMedEd.com

## OPHTHALMOLOGIST REGISTRATION

- Hawaiian Eye Comprehensive Ophthalmologist: \$1,150
- Retina Ophthalmologist: \$1,150

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

### Primary Subspecialty (please check one):

- General Ophthalmology
- Glaucoma
- Cornea/External Disease
- Cataract
- Pediatric/Strabismus
- Oculoplastic & Reconstructive Surgery
- Refractive Surgery
- Retina
- Neuro-ophthalmology
- 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 each
- 3+ Nurse or Administrator Attendees: \$325 each

Registration includes admission to general program sessions, workshops, evening reception 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 2011" or "Retina 2011")

Charge My:  Visa  MasterCard  American Express

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

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

Signature \_\_\_\_\_

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

**Cancellations:** Requests for refunds must be submitted in writing by January 4, 2011. There will be a \$200 service charge retained for all refund requests. Requests received after this date will be ineligible for refunds.

**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.

**Priority Code: 255-887**