

REGISTRATION FORM

KANSAS OPTOMETRIC ASSOC.
FALL EYECARE CONFERENCE
NOVEMBER 9-10, 2018

A S S I S T A N T R E G I S T R A T I O N F O R M

Please type or print and use one form for each registrant.

Practice Name _____

First Name _____ Middle Initial _____ Last Name _____

Name as it should appear on badge _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

ASSISTANT OF KOA MEMBERS REGISTRATION - \$150.00 (\$175.00 if postmarked after October 29, 2018).....

ASSISTANT OF NON-KOA MEMBERS REGISTRATION - \$250.00 (\$275.00 if postmarked after October 29, 2018).....

Please indicate which programs and events you will attend on the chart below.

Please check only one box for each section so that you do not inadvertently sign up for two concurrent sessions.

Friday, November 9, 2018

A "Third Party Update and Panel Discussion" - Jeannette Holland, OD and Amy Noll, CPOC (4:00-5:00 pm).....

or B "Anatomy and Physiology - How Does the Eye Work?" (AOA/ABO) - Diane Drake (5:30-7:30 pm).....

C "Patient/Staff Professional Relations" (AOA/ABO) - Lynn Lawrence (5:30-6:30 pm)
and
"Multigenerational Diversity" (AOA/ABO) - Lynn Lawrence (6:30-7:30 pm).....

Saturday, November 10, 2018

D "Focus on Presbyopia: Keeping Patients in Contact Lenses" (AOA/NCLE) - Diane Drake (8:00-9:00 am).....

or E "Billing and Coding Update" - Amy Noll, CPOC (8:00-9:00 am).....

F "Business Management" (AOA/ABO/NCLE) - Diane Drake (9:30-11:30 am).....

or G "What Every Tech Should Know About Ocular Emergencies" (AOA/ABO) - Lynn Lawrence (9:30-11:30 am).....

Lunch/Exhibits Included in Registration Fee (11:30 am - 1:00 pm).....

or H "New Lens Materials and Designs" (AOA/ABO) - Diane Drake (1:00-2:00 pm).....

I "Preventing Burnout" (AOA) - Lynn Lawrence (1:00-2:00 pm).....

or J "Troubleshooting RX Complaints" (AOA/ABO) - Diane Drake (2:30-4:30 pm).....

K "Children's Eye Exams" (AOA/ABO) - Lynn Lawrence (2:30-3:30 pm)
and
"25 Years with See To Learn®: Where We've Been and Where We're Going - Todd Fleischer, CAE (3:30-4:30 p.m.).....

THERE WILL BE AN ADDITIONAL \$25 FEE FOR ON-SITE REGISTRATION.

Registration Fee: Registration fee includes cost of the faculty, Saturday luncheon, breaks and course materials.

Dietary Restrictions: If you have special dietary needs, please contact the KOA office prior to November 5, 2018.

Cancellation Policy: \$10 cancellation fee if cancelled on or before 5 p.m., November 5, 2018; Less \$10 and cost of guaranteed meals for cancellations after 5 p.m., November 5, 2018; no refund if cancelled after November 6, 2018.

Check enclosed Please charge \$ _____ to my: VISA MasterCard American Express Discover

Card Number _____ CCV _____ Expiration Date _____ Zip Code _____

Name (Please print) _____ Signature _____

Please return this form to: Kansas Optometric Association
1266 SW Topeka Blvd., Topeka, KS 66612, FAX (785) 232-6151.