

INDIANA ACADEMY OF OPHTHALMOLOGY, INC.
ANNUAL MEETING & SCIENTIFIC SEMINAR REGISTRATION
SEPTEMBER 25, 2015

INVITATION

The Indiana Academy of Ophthalmology would like to invite you to join ophthalmologists from across the state to expand your knowledge base, enhance your profession, and develop your professional network. The 2015 Annual Meeting will offer you the opportunity to gain valuable knowledge in an environment that promotes professional networking with your peers. Challenge yourself to make a difference in your profession. Attend the IAO Annual Meeting to obtain the tools to do so!

MEETING DIRECTOR

Stephen Klapper, M.D., IAO President-Elect

LOCATION/HOTEL

The meeting will be held at the Ritz Charles Conference Center (12156 N Meridian St, Carmel, IN). A block of rooms has been obtained at the Renaissance Indianapolis North Hotel (11925 North Meridian Street, Carmel 317-816-0777) Group rate is \$139.95 per night.

CME ACCREDITATION

The Indiana Academy of Ophthalmology, Inc. is accredited by the Indiana State Medical Association to sponsor continuing medical education for physicians.

The Indiana Academy of Ophthalmology, Inc. designates this educational activity for a maximum of 6 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

JCAHPO ACCREDITATION

The ophthalmic technician course has been submitted to JCAHPO for consideration CE credit.

DISCLOSURE

All faculty in CME/CEU activities sponsored by the Indiana Academy of Ophthalmology, Inc. (IAO) are expected to disclose to the program audience any real or apparent conflict of interest related to the content of their presentation.

PAPER LITE

IAO is working on ways to reduce the amount of paper we use at our conferences. This is an effort both to be responsible toward our environment and to increase the quality and timeliness of the resources provided through this learning experience. However, we do know that completely reducing paper altogether can make the learning experience harder for some, which is why this conference is paper lite rather than completely paper free. Electronic program materials will replace most paper resources and for those materials we receive in advance will be accessible online before, during, and after the program on the IAO website.

PHYSICAL ASSISTANCE/DIETARY REQUIREMENTS

Those attendees who need additional assistance should contact the IAO Office at 317-577-3062 so that appropriate arrangements can be made.

PHYSICIAN COURSE DESCRIPTION

This program has been developed from physician forums, member evaluations and comments in an effort to provide the latest information to IAO members on new diagnostic and surgical procedures in ophthalmology. This meeting of lectures and question and answer sessions will provide information concerning updates in ophthalmic treatments and surgery. In addition, changes in the regulatory and economic environments will be explored. Comprehensive ophthalmologists as well as subspecialists will benefit from attendance.

COURSE OBJECTIVES

At the conclusion of this course, attendees will be able to:

1. Discuss new treatments and advancements in neuro-ophthalmology
2. Discuss issues ophthalmologists should know about endocrinology
3. Discuss the impact of state and federal legislation on patients and the ophthalmology practice
4. Understand the importance of ICD10 coding

QUESTIONS

For additional questions, please contact Kim Williams at the IAO office at 317-577-3062.

INDIANA ACADEMY OF OPHTHALMOLOGY, INC.
 September 25, 2015 Annual Meeting and Scientific Seminar
REGISTRATION

Member Name _____

Practice Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email address for Confirmation _____

Telephone Number _____

PHYSICIAN REGISTRATION FEES

- | | | | |
|---|-------|------------|--------------------------|
| <input type="checkbox"/> Member | \$300 | Vegetarian | <input type="checkbox"/> |
| <input type="checkbox"/> Non - Member | \$500 | | <input type="checkbox"/> |
| <input type="checkbox"/> Resident | \$150 | | <input type="checkbox"/> |
| <input type="checkbox"/> Retired IAO Member | \$150 | | <input type="checkbox"/> |

Total Physician Fees \$ _____

OPHTHALMIC TECHNICIAN FEES

- | | | |
|---|------------|--------------------------|
| <input type="checkbox"/> Member Staff - \$225 | Vegetarian | |
| Name: _____ | | <input type="checkbox"/> |
| Email: _____ | | |

- | | |
|---|--------------------------|
| <input type="checkbox"/> Member Staff - \$225 | |
| Name: _____ | <input type="checkbox"/> |
| Email: _____ | |
| Name: _____ | <input type="checkbox"/> |
| Email: _____ | |

- | | |
|--|--------------------------|
| <input type="checkbox"/> Billing Staff (2 Hours Only) - \$150 each | |
| Name: _____ | <input type="checkbox"/> |
| Name: _____ | <input type="checkbox"/> |
| Name: _____ | <input type="checkbox"/> |

Check # _____

3 digit security code from back of card _____

Amount To Charge _____

Return to:
125 W. Market, Suite 300, Indianapolis, IN 46204

Credit card payments may be faxed to
 866-388-1057

Cancellations:
 Cancellations must be received by COB September 14th. All cancellations must be in writing and faxed to the IAO office at 866-388-1057. Call in cancellations will not be accepted.

Payment

Personal Check in the amount of \$ _____

Credit Card Type:

Card Number _____

Expiration Date _____

Cardholder Name _____

Address _____ City _____ State _____ Zip _____