

# Registration Information

## Registration Deadlines

**Registration fees increase after September 1**—save money during Early Registration. Registration form and payment must be received (not postmarked) on or before the deadline to qualify for the respective registration fees.

**August 31** . . . . . **Early Registration Closes**

**September 1** . . . . . **Registration Price Increase**

**October 12** . . . . . **Changes/Cancellations/  
Refunds Deadline**

**October 25** . . . . . **Registration Price Increase**  
*Online registration still open*

**October 26-28** . . . . . **On-Site Registration at  
Hyatt Regency Chicago**

## Register Online, by Fax, or Mail

On-site registration fees are significantly higher and Learning Labs sell out fast. To avoid long lines at the on-site registration desk, and reduce the risk of not getting your first choice of classes, be sure to pre-register.

Registrations received without payment will not be processed. **Save the \$50 processing fee by registering online.\***

**Online Registration** at [www.jcahpo.org/ACE](http://www.jcahpo.org/ACE) and click on REGISTER (*preferred*)

**Fax\*** your registration form and selections to 651-731-0410

**Mail\*** your registration form and selections to:  
IJCAHPO, 2025 Woodlane Drive  
St. Paul, MN 55125-2998

*\*Registrations received by fax or mail will be assessed a \$50 processing fee.*

## Cancellations and Refunds

- Cancellations must be received in writing. If registration is cancelled by October 12, the amount will be refunded less \$100.
- If you become certified prior to the program, and initially paid the non-certified registration fee, you may request an appropriate refund by October 12. No refunds will be offered for changes after October 12.
- ATPO and CLSA memberships are non-transferable and non-refundable.

## Registration Changes

Changes to your initial registration may be made online through October 12, and on-site in Chicago. You may add or delete LECTURES by logging into your account at [www.jcahpo.org](http://www.jcahpo.org).

Changes involving a financial transaction must be received in writing at the IJCAHPO office by October 12, or handled by an IJCAHPO staff member in Chicago. Email change requests to [registrations@jcahpo.org](mailto:registrations@jcahpo.org) or FAX to 651-731-0410.

### Please Note:

- Transfer of courses from one registrant to another is not permissible.
- No refunds resulting from a registration change will be issued after the October 12 cancellation deadline.

## Registration Confirmations

Online registrants will receive an automated email confirmation at their preferred email address. Attendees who register by mail or fax will be mailed a confirmation to the home address listed on the registration form. If no home address is listed, the work address will apply. Carefully review the confirmation when you receive it. If a course was sold out at the time you registered, it will **NOT** appear on your confirmation. If you have not received a confirmation by October 25, call IJCAHPO at 800-284-3937 or email [registrations@jcahpo.org](mailto:registrations@jcahpo.org).

## Group Discounts Available

Group discounts apply to the IJCAHPO Full Package Only. Group discounts are **NOT** available for ATPO and CLSA registrations.

When two or more people from the same office register for the Full Package, only one person pays the regular fee. The additional registrants receive a \$25 discount for each additional Full Package registration. The name of the person paying the non-discounted fee must be written on the registration form under “Full Package” for verification. Group discount must be requested when completing the registration form—**no retroactive discounts will be granted.**

## Contact Lens Society of America

We are excited to offer the 2nd Annual Continuing Education Contact Lens Symposium in collaboration with the Contact Lens Society of America. Registration for the full day Contact Lens Symposium (Saturday, October 27) is listed on page 6 of the Registration Form.

See page 28 for the Symposium information.

A half-day contact lens skills transfer lab simulation will be held on Friday, October 26 as part of the IJCAHPO program. Course details provided on page 50.

## ACE 2018 Mobile App

Don't miss out! Stay informed with access to all of the latest ACE 2018 conference information. Download IJCAHPO's mobile conference app at [jcahpo.mosaic-mobile.net/share-app.aspx](http://jcahpo.mosaic-mobile.net/share-app.aspx).

### Features:

- View your custom conference schedule
- Interactive hotel map
- Conference news, alerts and updates
- Course/Learning Lab descriptions and handouts
- Faculty listing
- Post conference hot topics to IJCAHPO's Facebook and LinkedIn pages

## Photography Release

By attending the IJCAHPO/ATPO/CLSA 46th Annual Continuing Education Program, attendees agree to allow their names, likenesses and images (photographic) to be used by IJCAHPO, ATPO and CLSA for educational and promotional purposes.

# Registration Form

IJCAHPO, ATPO & CLSA  
Continuing Education Program

## Register online and SAVE the \$50 processing fee: [www.jcahpo.org/ACE](http://www.jcahpo.org/ACE)

Registrations/Cancellations **must** be received on or before the following dates:

- Early Registration Ends: **Aug. 31**
- Registration Price Increase: **Sept. 1**
- Cancellations: **Oct. 12**
- Registration Price Increase: **Oct. 25**

IJCAHPO ID # | ATPO Member # | Government Facility/Duty Location

Type or print clearly. Use one form per registrant.  
Duplicate this form for additional registrants.

### REGISTRANT INFORMATION

Please list the credentials you want to appear on your name badge (limit two)

Date of Birth (mm/dd/yy) / /

Name  Ms.  Mrs.  Mr.

( )

First

M.I.

Last

Former name, if applicable

Home Address

City

State

Zip

Preferred Telephone - -

Preferred Email Address

### IN CASE OF EMERGENCY, PLEASE NOTIFY

Name

Telephone Number

Have you previously attended a IJCAHPO Annual CE Program?  YES  NO

Which category best describes your professional activities? (Check all that apply)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Administration/Management   | <input type="checkbox"/> Contact Lenses   | <input type="checkbox"/> Nursing                | <input type="checkbox"/> Scribe  |
| <input type="checkbox"/> Clinical/Diagnostic Testing | <input type="checkbox"/> Front Office     | <input type="checkbox"/> Ophthalmic Photography | <input type="checkbox"/> Student (Program Director: _____)                         |
| <input type="checkbox"/> Clinical Research           | <input type="checkbox"/> Laser Technology | <input type="checkbox"/> Optical                | <input type="checkbox"/> Surgical Assisting  |
| <input type="checkbox"/> Coding Specialist           | <input type="checkbox"/> Low Vision       | <input type="checkbox"/> Orthoptics             | <input type="checkbox"/> Surgical Coordinator <input type="checkbox"/> Other _____ |

Number of years worked in ophthalmology:

Number of years with current employer:

### EMPLOYER INFORMATION

Name of Practice

Business Address

City

State

Zip

Business Telephone - -

Ext.

Fax Number - -

Employer's Practice Emphasis (Check all that apply)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Cornea and External Disease | <input type="checkbox"/> Glaucoma             | <input type="checkbox"/> Oculoplastic/Reconstructive Surgery | <input type="checkbox"/> Refractive Surgery          |
| <input type="checkbox"/> Cataract and IOL            | <input type="checkbox"/> Low Vision           | <input type="checkbox"/> Optical Dispensing                  | <input type="checkbox"/> Retina and Vitreous Disease |
| <input type="checkbox"/> Comprehensive Ophthalmology | <input type="checkbox"/> Neuro-Ophthalmology  | <input type="checkbox"/> Pediatric Ophthalmology/Strabismus  | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Contact Lens                | <input type="checkbox"/> Ophthalmic Pathology |  |  |

### METHOD OF PAYMENT Registrations received without payment will NOT be processed.

Check  Money Order  VISA  MasterCard  Discover  American Express

If paying by check or money order, please make payable to **IJCAHPO**. Checks must be in U.S. dollars.

If paying with a credit card, please complete the information below.

A \$25 fee will be assessed for declined checks and declined credit cards.

IJCAHPO reserves the right to adjust registration charges originally paid with a credit card via fax, mail, or internet if the amount originally paid was deficient or excessive. The credit card account will be charged or credited and the cardholder will be provided with a notice of the adjustment.

Card # Expiration Date / Security Code

Payer's Name (Please PRINT)

Payer's Billing Address City State Zip

Authorized Signature **X**



**Special accommodations:** IJCAHPO provides reasonable and appropriate accommodations to individuals with documented disabilities who demonstrate a need for special accommodations. Specific special accommodations should be related to functional limitations. Please include additional supporting documentation from the medical professional who diagnosed the condition. It is essential that the documentation of the disability provide a clear explanation of the current functional limitation(s) and a rationale for the requested accommodation.

**Please indicate registration selections on reverse side.** →

- Register online at [www.jcahpo.org/ACE](http://www.jcahpo.org/ACE) and click on REGISTER
- Send registration form with payment to:  
IJCAHPO, 2025 Woodlane Drive, St. Paul, MN 55125-2998
- Fax: 651-731-0410

Questions? 800-284-3937. To avoid duplication, please do not mail and fax registrations.

# Registration Form

NAME

ID#

IJCAHPO								Amount							
<b>Full Package (Any lectures Friday through Sunday)</b> List course codes below. \$25 Group Discount for Full Package: See page 4 for details. Discount must be requested at this time—no retroactive discounts will be granted. Name of registrant with the non-discounted fee: _____	<b>Certified</b> (COA, CCOA, COT, COMT, ROUB, CDOS, OSC)			<b>Non-Certified</b>											
	<b>Early Reg by Aug. 31</b>	<b>Reg by Oct. 25</b>	<b>On-site</b>	<b>Early Reg by Aug. 31</b>	<b>Reg by Oct. 25</b>	<b>On-site</b>									
	<b>\$350</b>	<b>\$420</b>	<b>\$490</b>	<b>\$475</b>	<b>\$555</b>	<b>\$615</b>	<b>\$</b>								
<b>1-Day Package (Any lectures on ONE day of your choice)</b> List course codes below. Check ONE: <input type="checkbox"/> FR <input type="checkbox"/> SA <input type="checkbox"/> SU	<b>\$220</b>	<b>\$290</b>	<b>\$360</b>	<b>\$260</b>	<b>\$330</b>	<b>\$400</b>	<b>\$</b>								
<b>Military and Veteran Full Package (Any lectures Friday through Sunday)</b> List course codes below.	<b>\$220</b>	<b>\$290</b>	<b>\$360</b>	<b>\$260</b>	<b>\$330</b>	<b>\$400</b>	<b>\$</b>								
<b>Learning Labs</b> Sold only in conjunction with packages above. You MUST register below for the required prerequisite lecture if one is listed.	<b>\$30 per hour</b>	<b>\$35 per hour</b>	<b>\$40 per hour</b>	<b>\$35 per hour</b>	<b>\$40 per hour</b>	<b>\$45 per hour</b>	# of hours x fee = <b>\$</b>								
<b>List Course Codes to Register</b> <ul style="list-style-type: none"> <li>• Barcoded tickets will be issued for pick up on-site.</li> <li>• Lecture course codes end with a number, e.g., 01SU3. Learning Lab course codes end with a "W," e.g., 12SU4W</li> <li>• You MUST also register for the required prerequisite lecture if listed.</li> </ul> <b>Prerequisite Courses:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%; height: 20px;"></td><td style="width:25%; height: 20px;"></td><td style="width:25%; height: 20px;"></td></tr> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%; height: 20px;"></td><td style="width:25%; height: 20px;"></td><td style="width:25%; height: 20px;"></td></tr> </table>									<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>				
ATPO								Amount							
<b>Join or renew your ATPO membership and receive member registration pricing.</b> <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> \$75 (1 year) <input type="checkbox"/> \$175 (3 years) <input type="checkbox"/> Joint ATPO/CLSA Member (\$170/year)								<b>\$</b>							
<b>Scientific Session + Grand Rounds (Saturday &amp; Sunday)</b> Includes: Lunch, refreshment breaks both days, and "Who Wants to Be a Super Tech?" on Saturday.	<b>ATPO Member</b>			<b>Non-Member</b>											
	<b>Early Reg</b>	<b>Reg</b>	<b>On-site</b>	<b>Early Reg</b>	<b>Reg</b>	<b>On-site</b>									
	<b>\$300</b>	<b>\$355</b>	<b>\$390</b>	<b>\$375</b>	<b>\$430</b>	<b>\$465</b>	<b>\$</b>								
<b>Scientific Session + Grand Rounds (Saturday &amp; Sunday) Plus IJCAHPO Lectures on Friday</b> List course codes in IJCAHPO's registration section above.	<b>\$460</b>	<b>\$580</b>	<b>\$605</b>	<b>\$635</b>	<b>\$760</b>	<b>\$865</b>	<b>\$</b>								
<b>Military and Veteran Scientific Session + Grand Rounds (Saturday &amp; Sunday)</b>	<b>\$200</b>	<b>\$255</b>	<b>\$290</b>	<b>\$275</b>	<b>\$330</b>	<b>\$365</b>	<b>\$</b>								
	<b>COA</b>	<b>COT</b>	<b>COMT</b>	<b>ROUB</b>	<b>COA</b>	<b>COT</b>	<b>COMT</b>	<b>ROUB</b>							
<b>Written Exam Review (Friday—see course times)</b>	<b>\$55</b>	<b>\$75</b>	<b>\$75</b>	<b>\$55</b>	<b>\$130</b>	<b>\$150</b>	<b>\$150</b>	<b>\$130</b>							
<b>Practical Exam Review (Friday—see course times)</b>	<b>N/A</b>	<b>\$75</b>	<b>\$90</b>	<b>N/A</b>	<b>N/A</b>	<b>\$150</b>	<b>\$165</b>	<b>N/A</b>							
<b>Train the Trainer (Friday—see course times)</b>	<b>\$150</b>			<b>\$200</b>			<b>\$</b>								
<b>Super Tech Program and Reception only</b>	<b>\$40</b>			<b>\$55</b>			<b>\$</b>								
<b>Career Branding</b>	<b>FREE</b>			<b>FREE</b>			<b>\$</b>								
CLSA								Amount							
<b>Join or renew your CLSA membership and receive member registration pricing</b> <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> CLSA Member (\$155/year) <input type="checkbox"/> Joint CLSA/ATPO Member (\$170/year)								<b>\$</b>							
	<b>CLSA Member/Certified</b>			<b>Non-Member/Non-Certified</b>											
	<b>Early Reg</b>	<b>Reg</b>	<b>On-site</b>	<b>Early Reg</b>	<b>Reg</b>	<b>On-site</b>									
<b>Full-Day Package (Saturday)</b>	<b>\$160</b>	<b>\$185</b>	<b>\$200</b>	<b>\$175</b>	<b>\$200</b>	<b>\$215</b>	<b>\$</b>								
<b>Half-Day Package (Saturday)</b> Check ONE: <input type="checkbox"/> AM Session <input type="checkbox"/> PM Session	<b>\$90</b>	<b>\$100</b>	<b>\$110</b>	<b>\$105</b>	<b>\$115</b>	<b>\$125</b>	<b>\$</b>								
If you are a CLSA member or IJCAHPO certified, you are eligible for "Certified" pricing options. IJCAHPO and NCLE CE credits available.															
<b>Member Package (Saturday)</b> <b>Plus IJCAHPO Lectures on Friday &amp; Sunday</b> List course codes in IJCAHPO's registration section above.	<b>\$385</b>	<b>\$455</b>	<b>\$525</b>	<b>\$475</b>	<b>\$555</b>	<b>\$615</b>	<b>\$</b>								
MISCELLANEOUS															
<b>AAO Four-Day Exhibit Hall Pass</b> (Sold only to IJCAHPO, ATPO and CLSA registrants. See page 3.)				<b>\$100</b>			<b>\$</b>								
<b>Harold A. Stein, MD Lecture</b> (Registration required)				<input type="checkbox"/> YES! Sign me up.			<b>FREE</b>								
<b>Foundation Donation</b>				<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> Other \$ _____			<b>\$</b>								
<b>Register Online and SAVE \$50!</b>						Processing Fee	<b>\$ 50.00</b>								
IJCAHPO reserves the right to adjust registration charges originally paid with a credit card via fax, mail, or internet if the amount originally paid was deficient or excessive. The credit card account will be charged or credited and the cardholder will be provided with a notice of the adjustment. (Make all checks payable to JCAHPO)							<b>Grand Total \$</b>								

Registration