

Registration Form

IJCAHPO, ATPO & CLSA
Continuing Education Program

Register online and SAVE the \$50 processing fee: www.jcahpo.org/ACE

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

- Early Registration Ends: **Sept. 12**
- Registration Price Increase: **Sept. 13**
- Changes/Cancellations/Refunds: **Sept. 27**
- Registration Price Increase: **Oct. 11**

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

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

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 Province/State Zip Country

Preferred Telephone - - Preferred Email Address

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name Telephone Number

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 Research | <input type="checkbox"/> Front Office | <input type="checkbox"/> Ophthalmic Photography | <input type="checkbox"/> Student (Program Director): _____ |
| <input type="checkbox"/> Clinical/Diagnostic Testing | <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 Province/State Zip Country

Business Telephone - - Ext. Fax Number - -

Employer's Practice Emphasis (Check all that apply)

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

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 **JCAHPO**. 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 Province/State Zip Country

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. For more information contact us at 800-284-3937.

Please indicate registration selections on reverse side. →

- Register online at www.jcahpo.org/ACE and click on REGISTER
- Send registration form with payment to:
JCAHPO, 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										
Group Discount available when registering 2 or more from the same clinic for a 3-Day Package. See page 6 for details. Discount must be requested at this time—no retroactive discounts will be granted. Name of registrant with the non-discounted fee: _____	Certified <small>(COA, CCOA, COT, COMT, ROUB, CDOS, OSC)</small>			Non-Certified													
	Early Reg by Sept. 12	Pre-Reg Sept. 13-Oct. 10	On-site Oct. 11	Early Reg by Sept. 12	Pre-Reg Sept. 13-Oct. 10	On-site Oct. 11											
3-Day Package (Friday, Saturday and Sunday) Check ONE for your Friday option: <input type="checkbox"/> A. Capstone Lectures <input type="checkbox"/> B. Other Tracks and Labs (No Capstone) List courses below. <input type="checkbox"/> C. Live Stream of Capstone Lectures	\$350	\$450	\$500	\$475	\$555	\$600	\$										
1-Day Package (Saturday or Sunday) List course codes below. Check ONE: <input type="checkbox"/> SA <input type="checkbox"/> SU	\$220	\$290	\$360	\$260	\$330	\$400	\$										
Military and Veteran Package (Any lectures Saturday and Sunday, plus Live Stream on Friday) List course codes below. Register by mail or fax only—see page 6.	\$250	\$250	\$375	\$250	\$250	\$425	\$										
Learning Labs Sold only in conjunction with packages above. You MUST register below for the required prerequisite lecture if one is listed.	\$30 per hour	\$35 per hour	\$40 per hour	\$40 per hour	\$45 per hour	\$50 per hour	# of hours x fee = \$										
List Course Codes to Register • Barcoded tickets will be mailed to you. • Lecture course codes end with a number, e.g., 01SU3. Learning Lab course codes end with a "W," e.g., 12SU4W. Prerequisite courses begin with "EY," e.g., EY4. • You MUST also register for the required prerequisite lecture if listed. Prerequisite Courses: <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											Friday		Saturday		Sunday		
ATPO							Amount										
Join or renew your ATPO membership and receive member pricing. <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> \$75/1 year <input type="checkbox"/> \$175/3 years							\$										
See Registration deadlines on page 6. Scientific Session + Grand Rounds (Saturday & Sunday) Includes: Lunch, refreshment breaks both days, and "Who Wants to Be a Super Tech?" on Saturday.	ATPO Member			Non-Member													
	Early Reg	Pre-Reg	On-site	Early Reg	Pre-Reg	On-site											
Scientific Session + Grand Rounds (Saturday & Sunday) Plus IJCAHPO Live Stream on Friday	\$315	\$375	\$410	\$395	\$450	\$490	\$										
Scientific Session + Grand Rounds (Saturday & Sunday) Plus IJCAHPO Live Stream on Friday	\$460	\$580	\$605	\$635	\$760	\$865	\$										
Military and Veteran Scientific Session + Grand Rounds (Saturday & Sunday)	\$210	\$210	\$305	\$290	\$290	\$385	\$										
Friday (KEY—Price\$/Course Start Time)	COA	COT	COMT	ROUB	COA	COT	COMT	ROUB									
Written Exam Review	75/1 pm	90/8 am	100/8 am	55/1 pm	155/1 pm	170/8 am	180/8 am	130/1 pm									
Practical Exam Review	N/A	75/1:50 pm	90/1 pm	N/A	N/A	155/1:50 pm	170/1 pm	N/A	\$								
Train The Trainer	150/7:30 am			200/7:30 am			\$										
Super Tech Program and Reception (Sat. 4:45-6:15 pm)	40/4:45 pm			55/4:45 pm			\$										
CLSA							Amount										
Join or renew your CLSA membership and receive member pricing. \$155/1 year <input type="checkbox"/> New <input type="checkbox"/> Renewing							\$										
See Registration deadlines on page 6. If you are a CLSA member or IJCAHPO certified, you are eligible for "Certified" pricing options. IJCAHPO and NCLE CE credits available.	CLSA Member/Certified			Non-Member/Non-Certified													
	Early Reg	Pre-Reg	On-site	Early Reg	Pre-Reg	On-site											
Full-Day Package (Saturday)	\$160	\$185	\$200	\$175	\$200	\$215	\$										
Half-Day Package (Saturday) Check ONE: <input type="checkbox"/> AM Session <input type="checkbox"/> PM Session	\$90	\$100	\$110	\$105	\$115	\$125	\$										
Member Package (Saturday) Includes: IJCAHPO Friday Live Stream and Sunday courses.	\$385	\$455	\$525	\$475	\$555	\$615	\$										
MISCELLANEOUS																	
AAO Four-Day Exhibit Hall Pass (Sold only to IJCAHPO, ATPO and CLSA registrants. See page 5.)					\$150		\$										
Harold A. Stein, MD Lecture (Registration required)					<input type="checkbox"/> YES! Sign me up.		FREE										
Foundation Donation					<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> Other \$ _____		\$										
Register Online and SAVE \$50!						Processing Fee	\$50.00										
						Grand Total	\$										

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 IJCAHPO)

Grand Total \$

Registration