

Registration Form

Register online and SAVE the \$75 processing fee: jcahpo.org/ACE

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

- On-Site Program Changes/Cancellations/Refunds: **September 6, 2022**
- On-Demand Registration/Changes Deadline: **October 27, 2022, 12 p.m. CT**

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

IJCAHPO ID # _____
Government Facility/Duty Location _____

REGISTRANT INFORMATION

Please list your credentials _____ Date of Birth (mm/dd/yy) ____/____/____

Name Ms. Mrs. Mr. _____ (_____)

_____ *First* _____ *M.I.* _____ *Last* _____ *Former Name, if Applicable*

Home Address _____ City _____ State/Province _____ 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)

- Administration/Management
- Clinical Research
- Clinical/Diagnostic Testing
- Coding Specialist
- Other _____
- Contact Lenses
- Front Office
- Laser Technology
- Low Vision
- Nursing
- Ophthalmic Photography
- Optical
- Orthoptics
- Scribe
- Student
- Surgical Assisting
- Surgical Coordinator

What race or ethnicity do you identify most with?

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Hispanic or Latino
- Other _____
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Prefer Not to Answer
- Multiracial/Multiethnic

Number of years worked in ophthalmology _____ Number of years with current employer _____

EMPLOYER INFORMATION

Name of Practice _____

Business Address _____ City _____ State/Province _____ Zip _____ Country _____

Business Telephone _____ - _____ - _____ Ext. _____ Fax Number _____ - _____ - _____

Employer's Practice Emphasis (Check all that apply)

- Cataract/IOL
- Comprehensive Ophthalmology
- Contact Lens
- Cornea/External Disease
- Glaucoma
- Low Vision
- Neuro-Ophthalmology
- Oculoplastic/Reconstructive Surgery
- Ophthalmic Pathology
- Optical Dispensing
- Pediatric Ophthalmology/Strabismus
- Refractive Surgery
- Retina/Vitreous Disease
- Other _____

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 (USD).
If paying with a credit card, please complete the information below.
A \$75 NSF 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/Province _____ Zip _____ Country _____

Authorized Signature **X** _____

Check Preferred Address Home Work

 **Special accommodations:** IJCAHPO provides reasonable and appropriate accommodations on-site at the program venue 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 provides a clear explanation of the current functional limitation(s) and a rationale for the requested accommodation. For more information contact IJCAHPO at 800-284-3937.

Please indicate registration selections on reverse side. →

- Register online at 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, do not mail and fax registrations.

Registration Form

NAME

IJCAHPO ID#

General Information

ON-SITE PACKAGES

VIRTUAL PACKAGE

ACE 2022 REGISTRATION PACKAGES				Amount	
3-Day On-Site Package Includes 3-day access to on-site courses (Sep 30–Oct 2). Purchase additional on-demand courses for \$10 per credit hour. <u>List courses below.</u> Group discount available when registering 3 or more people from the same clinic for the 3-Day On-Site Package. Discount must be requested upon registration—no retroactive discounts will be granted. See page 7. Names of 2 registrants with non-discounted fees: _____ & _____	Certified (COA, COT, COMT, CDOS, ROUB, OSC, CCOA)		Non-Certified		
	On or Before Sep 29	On-Site	On or Before Sep 29	On-Site	
	\$275	\$400	\$375	\$500	\$
Military & Veterans 3-Day On-Site Package Register by mail or fax only! Includes 3-day access to on-site courses (Sep 30–Oct 2). Purchase additional on-demand courses for \$10 per credit hour. <u>List courses below.</u>	\$175	\$300	\$275	\$400	\$
1-Day On-Site Package Check one: <input type="checkbox"/> Friday, Sep 30 <input type="checkbox"/> Saturday, Oct 1 <input type="checkbox"/> Sunday, Oct 2 Purchase additional on-demand courses for \$10 per credit hour. <u>List courses below.</u>	\$125	\$225	\$195	\$295	\$
Additional On-Demand Courses Additional on-demand courses are \$10 per credit hour when purchased with any of the on-site packages above. <u>List courses below.</u>	_____ Credit Hours x \$10				\$
Virtual On-Demand Package (Oct 3–Oct 31) Over 50 online courses to choose from for a base price plus \$10 per credit hour. <u>List courses below.</u>					
	\$50 base + _____ Credit Hours x \$10		\$100 base + _____ Credit Hours x \$10		\$

ADDITIONAL OPTIONS		
On-Site Certification Exam Prep Sessions ACE registration not required for purchase. <u>List courses below.</u>	\$55 COA/\$75 COT/\$95 COMT/ \$95 CDOS & ROUB	\$
On-Site Harold A. Stein, MD Lecture (Registration Required)	<input type="checkbox"/> Yes! Sign me up.	FREE
On-Site Learning Labs <u>List courses below.</u>	_____ Credit Hours x \$40	\$
Hadley Institute Field Trip Thursday, Sep 29 Limited Seating Available	FREE!	\$
AAO Exhibit Hall Pass	\$200	\$
Foundation Donation	<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> Other _____	\$
Processing Fee	\$75	\$75
Grand Total		USD \$

By completing this registration and attending ACE 2022 meetings and events, attendees agree to:

- allow their names, likenesses and images (photographic) to be used by IJCAHPO for educational and promotional purposes.
- voluntarily assume all health and safety risks related to exposure to COVID-19 and follow all IJCAHPO and hotel protocols.

List All Course Codes to Register						