

Registration Form

IJCAHPO's 51st Annual
Continuing Education Program

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: **October 9, 2023**
- On-Demand Registration/Changes Deadline: **November 16, 2023, 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 <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.		()	
First		M.I.		Last	
Home Address		City		State/Province	
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
<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 _____	

What race or ethnicity do you identify most with?

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer Not to Answer |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Multiracial/Multi-ethnic |
| <input type="checkbox"/> Other _____ | |

EMPLOYER INFORMATION

Name of Practice		City		State/Province		Zip		Country	
Business Address		City		State/Province		Zip		Country	
Business Telephone		- -		Ext.		Fax Number		- -	

Employer's Practice Emphasis (Check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Cataract/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/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/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 **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.

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NAME

IJCAHPO ID#

General Information

ON-SITE PACKAGES

VIRTUAL PACKAGE

ACE 2023 REGISTRATION PACKAGES					Amount
3-Day On-Site Package Includes 3-day access to on-site courses (Nov 3–5). Purchase additional on-demand courses for \$10 per credit hour. <i>List courses in the table below.*</i>	Certified (COA, COT, COMT, CDOS, ROUB, OSC, CCOA)		Non-Certified		
	On or Before Nov 2	On-Site	On or Before Nov 2	On-Site	
	\$275	\$400	\$375	\$500	\$
Military & Veterans 3-Day On-Site Package <i>Register by mail or fax only!</i> Includes 3-day access to on-site courses (Nov 3–5). Purchase additional on-demand courses for \$10 per credit hour. <i>List courses in the table below.*</i>	\$175	\$300	\$275	\$400	\$
1-Day On-Site Package Check one: <input type="checkbox"/> Friday, Nov 3 <input type="checkbox"/> Saturday, Nov 4 <input type="checkbox"/> Sunday, Nov 5 Purchase additional on-demand courses for \$10 per credit hour. <i>List courses in the table below.*</i>	\$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. <i>List courses in the table below.*</i>	_____ Credit Hours x \$10				\$
Virtual On-Demand Package (Oct 11–Nov 22) Over 50 online courses to choose from for a base price plus \$10 per credit hour. <i>List courses in the table below.*</i>	____ \$50 base + ____ Credit Hours x \$10		____ \$100 base + ____ Credit Hours x \$10		\$

*Courses must be selected at the time of registration.

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 (ACE Registration Required)	<input type="checkbox"/> Yes! Sign me up.	FREE
On-Site Learning Labs <u>List courses below.</u>	_____ Credit Hours x \$40	\$
	_____ Credit Hours x \$55	\$
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 2023 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						
Courses must be selected at time of registration.						