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 27, 2024**
- On-Demand Registration/Changes Deadline: **November 7, 2024**, **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

General Information

NAME _____ **IJCAHPO ID#** _____

ACE 2024 REGISTRATION PACKAGES | | | | | Amount

ON-SITE PACKAGES

Free Scribe Pocket Guide when you register for the on-site program!

	Certified (COA, COT, COMT, CDOS, ROUB, OSC, CCOA)		Non-Certified		
	On or Before Oct 17	On-Site	On or Before Oct 17	On-Site	
3-Day On-Site Package Includes 3-day access to on-site courses (Oct 18–20). Purchase additional on-demand courses for $10 per credit hour. *List courses in the table below.**	$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 (Oct 18–20). Purchase additional on-demand courses for $10 per credit hour. *List courses in the table below.**	$175	$300	$275	$400	$
1-Day On-Site Package Check one: ❏ Friday, Oct 18 ❏ Saturday, Oct 19 ❏ Sunday, Oct 20 Purchase additional on-demand courses for $10 per credit hour. *List courses in the table below.**	$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. *List courses in the table below.**	_____ Credit Hours x $10				$

VIRTUAL PACKAGE

Virtual On-Demand Package (Oct 2–Nov 13) Over 50 online courses to choose from for a base price plus $10 per credit hour. *List courses in the table below.*	$50 base + ___ Credit Hours x $10		$100 base + ___ Credit Hours x $10		$

* Courses must be selected at the time of registration. Receive a free Scribe Pocket Guide when you register for the 3-Day On-Site Package.

ADDITIONAL OPTIONS		
On-Site Certification Exam Prep Sessions ACE registration not required for purchase. *List courses below.*	$55 COA/$75 COT/$95 COMT/ $95 CDOS & ROUB	$
On-Site Harold A. Stein, MD Lecture (Registration Required)	❏ Yes! Sign me up.	FREE
On-Site Learning Labs *List courses below.*	_____ Credit Hours x $40	$
AAO Exhibit Hall Pass	$200	$
Foundation Donation	❏ $1 ❏ $5 ❏ Other _____	$
Processing Fee	$75	**$75**
	Grand Total USD	**$**

By completing this registration and attending ACE 2024 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