

Registration Deadlines

Registration fees increase significantly after August 31 - save up to 20% during Early-Bird registration! **Registration form and payment must be received (not postmarked) on or before the deadline to qualify for the respective registration fees.**

- July 7 - August 31: **Early-Bird Registration**
- September 1 - September 25: **Pre-Registration**
- September 26 - October 22: **Registration is Closed**
- October 23 - 27: **Onsite Registration at the Hilton San Francisco**

Register Online, by Fax, or Mail

Payment must be received with your registration form.

1. **Online** registration at www.jcahpo.org will show "real-time" availability of courses, and you will receive immediate registration confirmation at your preferred e-mail address. **Save \$25 by registering online!*****
2. **Fax** your registration form and selections to (651) 731-0410.
3. **Mail** your registration form and selections to JCAHPO, 2025 Woodlane Drive, St. Paul, MN 55125-2998.

Group Discount Available

Applies to JCAHPO Full Package Only (Not valid for the already discounted ATPO Plus JCAHPO Full Package). If more than one person from the same office registers for the Full Package, JCAHPO offers the first registration at the non-discounted fee and 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 (page 10).

Discount must be requested when completing the registration form - no retroactive discounts will be granted.

Registration Confirmations

Registration confirmation will be mailed to the home address listed on the registration form; otherwise, the work address will apply. Online registrants will receive an automated e-mail confirmation at their preferred e-mail address. **Carefully review the confirmation when you receive it! If a course is sold out, it will NOT appear on the confirmation.** If you have not received your confirmation by October 16, call JCAHPO at (800) 284-3937 or e-mail registrations@jcahpo.org.

Registration Changes, Transfers

Changes and additions to your initial registration **must be received in writing by September 25** via fax (651) 731-0410, e-mail registrations@jcahpo.org, or mail. **Changes cannot be made online.** If you wish to transfer a complete registration and payment from one person to another, a registration form must be submitted for the new registrant indicating who this person is replacing. Onsite, you must first pick up your tickets **before** making registration changes at the JCAHPO/ATPO registration desk. Tickets you wish to exchange must be submitted at that time.

Limitations:

- Partial transfer of courses from one registrant to another is not permissible.
- **No refunds** resulting from a registration change will be issued after the October 16 cancellation deadline.
- ATPO memberships are non-transferable and non-refundable.

Pick up Tickets, Badge, and Classroom Guide Onsite

Barcoded tickets will be issued for ALL courses to ensure your admission. **Pick up your tickets, name badge, and JCAHPO classroom guide onsite** at the JCAHPO/ATPO registration desk - see "Onsite Registration Hours."

Handouts on the Web!

Remember to download the handouts for your courses BEFORE coming to the meeting! See page 6 for more details.

Onsite Registration Hours

Hilton San Francisco Hotel - Franciscan Ballroom, Second Floor

- Friday, October 23 12:00 pm - 5:00 pm
- Saturday, October 24 7:00 am - 4:00 pm
- Sunday, October 25 7:00 am - 4:00 pm
- Monday, October 26 7:30 am - 4:00 pm
- Tuesday, October 27 7:30 am - 12:00 pm

Continuing Education (CE) Credit

JCAHPO Program

CE credits awarded by JCAHPO are listed in the Day-at-a-Glance (pages 25 to 32) and Course Schedule by Subject Category (pages 33 to 39). In addition, the Course Descriptions section of the online virtual bulletin lists CE credits awarded by the following organizations:

- American Board of Opticianry (ABO)*
- American Orthoptic Council: Core (AOC-C)
- American Orthoptic Council: Non-Core (AOC-NC)
- California Board of Registered Nursing (CABRN)
- Ophthalmic Photographers' Society (OPS 1:1)
- Ophthalmic Photographers' Society (OPS 1:2)
- National Contact Lens Examiners (NACLE)*

* In order to receive ABO/NACLE CE credits, a credit request form must be submitted to JCAHPO by November 20, 2009. Forms may be obtained at the JCAHPO/ATPO registration desk, or by contacting the JCAHPO office.

Additional CE credits are pending. Check the JCAHPO Web site for the most up-to-date credit information.

ATPO Program

Please refer to pages 16 - 22 for information on CE credits awarded by JCAHPO. Application for CE credit has been submitted to OPS and AOC. Consult www.atpo.org for updates.

Verification of CE Credits Earned

In an ongoing effort to go "green," attendees can access CE credits earned by logging into their JCAHPO online account approximately 6-8 weeks after the program. **No statements will be mailed.** It is every registrant's responsibility to check posted CE credits to ensure they are correct. **You must submit correction requests to JCAHPO by January 31, 2010.**

CE credits will be issued for actual time attended and **only** if a ticket was collected. If you miss more than 15 minutes of a course hour, CE credit will be denied for the whole hour.

Cancellations, Refunds

- Cancellations must be **received in writing by October 16, 2009. No refunds will be granted after that date, regardless of the reason, unless the conference is cancelled by JCAHPO.** A processing fee of \$85 will be deducted from all refunds.
- Overpayment received during the registration process will remain on the registrant's account and may be applied toward additional course purchases. Remaining balances will be refunded within four weeks after the meeting. **Balances may NOT be transferred to other registrants.**
- If you become certified prior to the program, and initially paid the non-certified registration fee, you may request an appropriate refund by **October 30, 2009.**
- ATPO memberships are non-transferable and non-refundable.

***The \$25 savings associated with online registration is a waiver of payment and not a reimbursement rate. Individuals who register online will automatically have the \$25 fee that JCAHPO charges to process ACE applications waived.

Disclaimer: In granting continuing education credit to a course or materials, JCAHPO and ATPO do not warrant or express an opinion regarding the content of the continuing education courses or materials, the accuracy of information presented, or the skills and qualifications of the course presenters, sponsors, or authors.



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

- Early-Bird Registrations: **August 31**
- Pre-Registrations: **September 25**
- Cancellations: **October 16**

*** *The \$25 savings associated with online registration is a waiver of payment and not a reimbursement rate. Individuals who register online will automatically have the \$25 fee that JCAHPO charges to process ACE applications waived.*

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

JCAHPO ID # / ATPO Member #

REGISTRANT INFORMATION:

Please list the credentials you want

to appear on your name badge (limit two) _____ Date of Birth (mm/dd/yy) ____/____/____

Name Ms. Mr. _____ (_____)
FIRST M.I. LAST Former name, if applicable

Home Address _____ City _____ State _____ Zip _____

Home Telephone (_____) _____ - _____ Preferred E-mail Address _____
area code

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"/> Surgical Assisting |
| <input type="checkbox"/> Clinical/Diagnostic Testing | <input type="checkbox"/> Front Office/Scribe | <input type="checkbox"/> Ophthalmic Photography | <input type="checkbox"/> Surgical Coordinator |
| <input type="checkbox"/> Clinical Research | <input type="checkbox"/> Keratome/Laser Technology | <input type="checkbox"/> Optical | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Coding | <input type="checkbox"/> Low Vision | <input type="checkbox"/> Orthoptics | |

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 (_____) _____ - _____
area code area code

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 **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.**

JCAHPO 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 _____ Date _____

- If you have a disability and require special classroom accommodations, check here and append a statement regarding your disability-related needs. We cannot ensure the availability of appropriate accommodations without prior notification of need.



Please indicate registration selections on reverse side.

Send registration form with payment to:

JCAHPO, 2025 Woodlane Drive, St. Paul, MN 55125-2998
 Fax (651) 731-0410 or online at www.jcahpo.org or www.atpo.org

To avoid duplication, please do not send registrations by both fax and mail!

2009 Registration Form

Registrant Name: First _____ M.I. _____ Last _____

JCAHPO COURSES

Full Package (Any lectures Friday through Tuesday) <i>List course numbers below.</i> Group Discount for Full Package: See page 8 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)</small>			Non-Certified			Amount
	Early-Bird by Aug. 31	Pre-Reg by Sept. 25	Onsite	Early-Bird by Aug. 31	Pre-Reg by Sept. 25	Onsite	
	\$325	\$395	\$465	\$425	\$495	\$565	\$
1-Day Package (Any lectures on ONE day of your choice) <i>List course numbers below. Check ONE:</i> <input type="checkbox"/> FR <input type="checkbox"/> SA <input type="checkbox"/> SU <input type="checkbox"/> MO <input type="checkbox"/> TU	\$160	\$230	\$300	\$200	\$270	\$340	\$
Workshops Sold only in conjunction with a Full or 1-Day Package above. Workshops from any day(s) may be selected. <i>List course numbers below.</i>	\$40 per hour	\$45 per hour	\$50 per hour	\$40 per hour	\$45 per hour	\$50 per hour	Number of Hours x Fee listed = \$
List course numbers to register Barcoded tickets will be issued for pickup onsite. Lecture course numbers do NOT end with a "W," e.g., 01SU3 Workshop course numbers end with a "W," e.g., 12SU4W	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY		

Faculty Voucher Discount: Applicable only to JCAHPO program above. List voucher number(s) and mail voucher(s) with your registration. Voucher Number(s): _____ Deduct \$15 per Voucher **-\$** (Minus)

ATPO SESSIONS

Join or renew your ATPO membership and receive member registration pricing! Are you a <input type="checkbox"/> new or <input type="checkbox"/> renewing member?	<input type="checkbox"/> \$65 (1 year) <input type="checkbox"/> \$175 (3 years) <input type="checkbox"/> \$20 Program Student* <input type="checkbox"/> \$95 (1 year ATPO & CLAO) <input type="checkbox"/> \$250 (3 years ATPO & CLAO) *Program Director's Name: _____						\$
Scientific Session + Grand Rounds (Saturday & Sunday) <i>Includes:</i> - lunch and refreshment breaks both days, - "Who Wants to Be a Super Tech?", - and the ATPO Member Reception on Saturday.	ATPO Member			Non-Member			Amount
	Early-Bird by Aug. 31	Pre-Reg by Sept. 25	Onsite	Early-Bird by Aug. 31	Pre-Reg by Sept. 25	Onsite	
	\$175	\$230	\$265	\$250	\$285	\$325	\$
For ATPO Members Only: Scientific Session + Grand Rounds (Saturday & Sunday) Plus JCAHPO Full Package (Only JCAHPO lectures that do not conflict with Scientific Session and Grand Rounds) <i>List course numbers in JCAHPO's registration section above!</i>	\$400	\$455	\$480	N/A			\$
COT Practical Exam Review (Monday) Limited to COAs and COT training program students/graduates*	Check ONE: <input type="checkbox"/> 8:00 am <input type="checkbox"/> 10:30 am <input type="checkbox"/> 1:30 pm		\$65	\$140			\$
COMT Practical Exam Review (Monday) Limited to COTs and COMT training program students/graduates*	Check ONE: <input type="checkbox"/> 8:00 am <input type="checkbox"/> 12:30 pm		\$80	\$155			\$
COA Written Exam Review (Tuesday) Limited to non-certificants & COA training program students/graduates*	9:00 am		\$45	\$120			\$
COT Written Exam Review (Tuesday) Limited to COAs and COT training program students/graduates*	8:00 am		\$55	\$130			\$
COMT Written Exam Review (Tuesday) Limited to COTs and COMT training program students/graduates*	7:30 am		\$65	\$140			\$

*Program Director's name or date graduated: _____

MISCELLANEOUS

AAO Four-Day Exhibit Hall Pass (Sold only to JCAHPO and ATPO registrants) (see page 7)	\$75	\$
Harold A. Stein Lecture (see page 22 for details) Ticket is free, but you must register to receive a ticket. <input type="checkbox"/> YES! Sign me up for the Stein Lecture.	FREE!	
ATPO Members Only: Saturday Night Member's Reception	If registered for JCAHPO courses only	\$10
	If registered for ATPO Scientific Session & Grand Rounds	FREE!
	Processing Fee	\$ 25.00
Have you previously attended a JCAHPO Annual CE Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	Grand Total	\$

JCAHPO 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**)

Registration Form