Register Today!

OSN New York 25th Anniversary

November 4-6, 2016 • Sheraton New York Times Square Hotel

OSNNY.com

Mail this form to:
ATTN: Registration Department
OSN New York
6900 Grove Road
Thorofare, NJ 08086-9447
Fax this form to: 856-251-0278

Register by phone:
1-877-307-5225, ext. 219 or ext. 476
or 856-848-1712, ext. 219 or ext. 476
Office Hours: 9:00 am – 5:00 pm, ET | Monday – Friday
Email questions to: registration@contactAMS.com

PRIORITY CODE: 711-996

Meeting Registration Form

First/Given Name | Middle Initial | Last/Family Name | Suffix | Degree

Address

City | State/Province | Country | Zip/Postal Code

Phone (work) | Phone (mobile) | Email | NPI Number

Profession:
- ❑ Physician
- ❑ Physician Assistant
- ❑ Resident/Student

Primary Specialty:
- ❑ Ophthalmology
- ❑ Other: _____

Subspecialty/Area of Interest:
- ❑ Cataract surgery
- ❑ Contact lenses
- ❑ Cornea/External disease
- ❑ General ophthalmology
- ❑ Glaucoma
- ❑ Neurosciences
- ❑ Oculoplastics
- ❑ Optics
- ❑ Pediatrics/Strabismus
- ❑ Refractive surgery
- ❑ Retina/Vitreous sciences
- ❑ Other: _____

CME Activity Request:

❑ **YES,** I would like the opportunity to earn CME credits through future activities provided by Vindico Medical Education.

How did you hear about this meeting? *(please select all that apply)*

- ❑ Print Advertisement
- ❑ Email
- ❑ Exhibit Booth
- ❑ Internet Search
- ❑ Letter
- ❑ Word of Mouth
- ❑ Post card
- ❑ Flyer
- ❑ Brochure
- ❑ I'm a Past Attendee
- ❑ Other: _____

Registration Fee

Categories not listed may register by phone at 1-877-307-5225 ext. 219 or 476. Industry may contact Stephanie Burleigh at 856-848-1712 ext. 337.

Early bird registration		Preregistration		Standard registration	
SAVE $200 through July 31		**SAVE $100** through September 21			
❑ B. Physician	**$545**	❑ C. Physician	**$645**	❑ D. Physician	**$745**
❑ E. Resident/Student*	**$375**	❑ F. Resident/Student*	**$475**	❑ G. Resident/Student*	**$575**
❑ H. Nurse/Allied Health	**$370**	❑ I. Nurse/Allied Health	**$470**	❑ J. Nurse/Allied Health	**$570**

*Residents/students must submit a letter of verification at time of registration.

Payment Information

TOTAL $_____

❑ Enclosed is my check payable to "OSN New York 2016" paid in U.S. dollars, drawn on a U.S. bank.

Please bill my: ❑ Visa ❑ MasterCard ❑ American Express

Account Number | Exp. Date | 3-4 Digit Security Code

Name as it Appears on Card | Signature

Special Dietary Request: *Please call 1-877-307-5225 ext. 219 or ext. 476 with your request.*

Refunds: Requests for refunds must be submitted in writing by October 28, 2016. There will be a $200 service charge retained for physician refund requests and $100 retained for residents/students. Requests received after this date will be ineligible for refunds.

ADA Compliance: In compliance with the Americans with Disabilities Act of 1990, we will make all reasonable efforts to accommodate persons with disabilities. Please call with your requests.

Dress Code: Business attire.
Federal ID #: 30-0747466

15-1720

Hotel Reservations

Sheraton New York Times Square Hotel
811 7th Avenue
New York, NY 10019

Call: 1-888-627-7067
Reservation Deadline: October 4, 2016
Room Rate: Single/Double $349

Refer to the OSN New York meeting when reserving your room to take advantage of the reduced rate for attendees.

Note: Reduced room rates do not guarantee room availability with the hotel. After October 4, 2016, room rates will be based on availability. Hotel rates are per room, per night and do not include tax/service. Currently, a 14.75% sales tax and a $3.50 per room, per night occupancy tax are applicable to the room rate. Such taxes are subject to change without notice.