Register Today!

Hawaiian Eye 2017 | Retina2017

January 14-20, 2017
Grand Hyatt Kauai

HawaiianEyeMeeting.com
RetinaMeeting.com

Mail this form to:
ATTN: Registration Department
Hawaiian Eye or Retina 2017
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: 547-996

Meeting Registration Form

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

Address

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

Phone (work) | Phone (mobile) | **Email (REQUIRED FOR EDUCATIONAL CREDIT)**

Profession:
- ❑ Physician
- ❑ Physician Assistant
- ❑ Resident
- ❑ Nurse
- ❑ Administrator
- ❑ Other:_____

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 educational credits through future activities provided by Vindico Medical Education.

Individual Registration Fees

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.

Comprehensive Ophthalmologist Program

This program offers *AMA PRA Category 1 Credit(s)™* and is valid for physicians only. Registration includes admission to general program sessions, workshops, seminars, the exhibit hall and special events.

A. ❑ **Save $150 through September 30!** **US $1,395** + 4.16% Hawaii Excise Tax = $1,453.03

AA. ❑ **Preregistration** **US $1,545** + 4.16% Hawaii Excise Tax = $1,609.27

ARF. ❑ **Resident/Student*** **Resident/student letter of verification must be received within 10 days in order to process meeting registration at the discounted rate. Fax to 856-251-0278 or email to registration@contactAMS.com.* **US $499** + 4.16% Hawaii Excise Tax = $519.76

Nurse and Allied Health Program

This program offers CNE and JCAHPO credits. All nurse/allied health professionals must be actively employed in a medical practice. Registration includes admission to general program sessions, workshops, the exhibit hall and special events.

B. ❑ **Save $50 through September 30!** **US $790** + 4.16% Hawaii Excise Tax = $822.86

BB. ❑ **Preregistration** **US $840** + 4.16% Hawaii Excise Tax = $874.84

Administrator Program

This program offers COE credits. All administrators must be actively employed in a medical practice. Registration includes admission to general program sessions, workshops, the exhibit hall and special events.

C. ❑ **Save $50 through September 30!** **US $790** + 4.16% Hawaii Excise Tax = $822.86

CC. ❑ **Preregistration** **US $840** + 4.16% Hawaii Excise Tax = $874.84

Retina Program

This program offers *AMA PRA Category 1 Credit(s)™* and is valid for physicians only. Registration includes admission to general program sessions, workshops, seminars, the exhibit hall and special events.

E. ❑ **Save $150 through September 30!** **US $1,395** + 4.16% Hawaii Excise Tax = $1,453.03

EE. ❑ **Preregistration** **US $1,545** + 4.16% Hawaii Excise Tax = $1,609.27

ERF. ❑ **Resident/Student*** **Resident/student letter of verification must be received within 10 days in order to process meeting registration at the discounted rate. Fax to 856-251-0278 or email to registration@contactAMS.com.* **US $499** + 4.16% Hawaii Excise Tax = $519.76

Group Registration Fees

Please attach names and emails of all individuals by program in your group on a separate sheet of paper.

Note: One physician must register with the group in order to receive the practice plan discount.

Comprehensive Ophthalmologist Program

A. ❑ **Save $150 through September 30!** **US $1,395** + 4.16% Hawaii Excise Tax = $1,453.03 each

AA. ❑ **Preregistration** **US $1,545** + 4.16% Hawaii Excise Tax = $1,609.27 each

# of Physicians: _____

Nurse and Administrator Programs

❑ **At least 2 Nurse or Administrator Attendees:** **US $540** + 4.16% Hawaii Excise Tax = $562.46 each

❑ **3 or more Nurse or Administrator Attendees:** **US $490** + 4.16% Hawaii Excise Tax = $510.38 each

# of Nurses: _____

# of Administrators: _____

Retina Program

E. ❑ **Save $150 through September 30!** **US $1,395** + 4.16% Hawaii Excise Tax = $1,453.03 each

EE. ❑ **Preregistration** **US $1,545** + 4.16% Hawaii Excise Tax = $1,609.27 each

# of Physicians: _____

Payment Information

TOTAL $_____

❑ Enclosed is my check payable to "Hawaiian Eye or Retina 2017" 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 January 2, 2017. There will be a $200 service charge retained for each physician refund request and $100 for each nurse and administrator refund request. 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: Resort casual.
Federal ID #: 27-4318741

15-1805

Hotel Reservations

Room reservations will only be accepted after you have completed meeting registration. **All reservations must be made through the official Hawaiian Eye/Retina hotel reservation website.** One reservation is permitted per meeting registrant. Special reduced room rates are available exclusively for attendees at the **Grand Hyatt Kauai and Sheraton Kauai**. Room block rates and quantities are limited and meeting registration alone cannot guarantee you space at either hotel. Please contact us to obtain the URL. We can be reached at 1-877-307-5225 ext. 219 or ext. 476 or email us at registration@contactAMS.com.