

2015 MOC Exam Review Course – Registration Form

July 17-19, 2015 – Loews Chicago O'Hare Hotel, Rosemont, Ill.



SAVE on the *Practicing Ophthalmologists Learning System, 2014-2016*! Register for a 3-day course and receive a 25% discount offer. Register for a 2-day course and receive a 15% discount offer.

Last Name	First Name	Degree	Member ID# (if known)
Billing Address (incl. c/o, Suite, Dept. or P.O. Box)			
City	ST/Prov.	ZIP/Postal Code	
Country	Business Telephone	Email Address	

Select One Course Pattern (Check One):

	Member	Nonmember
3-Day Course Fri. – Sun.	<input type="checkbox"/> \$2250	<input type="checkbox"/> \$2925
2-Day Course Fri. – Sat.	<input type="checkbox"/> \$1500	<input type="checkbox"/> \$1950
2-Day Course Sat. – Sun.	<input type="checkbox"/> \$1500	<input type="checkbox"/> \$1950

3-Day Course includes one Practice Emphasis Area (PEA) on Friday, Core Ophthalmic Knowledge on Saturday, and one PEA on Sunday. **2-Day Course** includes Core Ophthalmic Knowledge on Saturday and one PEA on either Friday or Sunday.

Select PEA(s):

Friday	Saturday	Sunday
<input type="checkbox"/> Comprehensive Ophthalmology* <input type="checkbox"/> Glaucoma <input type="checkbox"/> Oculoplastics / Orbit <input type="checkbox"/> Refractive Management / Intervention <input type="checkbox"/> Retina / Vitreous	<input checked="" type="checkbox"/> Core Ophthalmic Knowledge (Included for all attendees.)	<input type="checkbox"/> Cataract / Anterior Segment* <input type="checkbox"/> Cornea / External Disease <input type="checkbox"/> Neuro-Ophthalmology / Orbit <input type="checkbox"/> Pediatric Ophthalmology / Strabismus <input type="checkbox"/> Uveitis

* Content of Cataract/Anterior Segment course and Comprehensive Ophthalmology course overlap, as much of Comprehensive Ophthalmology course is dedicated to cataract. Overlapping material is more detailed in Cataract/Anterior Segment course.

Method of Payment:

<input type="checkbox"/> Check or Money Order (payable to AAO, in U.S. funds) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> JCB	
	Card Holder's Name
	Credit Card Number Exp. Date
	Signature

Complete the order form and mail it with a check or money order payable to AAO to:

American Academy of Ophthalmology, Dept. #34051
P.O. Box 39000
San Francisco, CA 94139

Customer Service:

415.561.8540 or 866.561.8558 (toll-free)
8am – 5pm Pacific time, Monday - Friday
Fax: 415.561.8575

FOR OFFICE USE ONLY:

Date: By: Total payment rec'd with form: PG: POLS1514/POLS2514