

2010 MOC Exam Review Course – Registration Form

July 23-25, 2010 – Westin O’Hare Hotel, Rosemont, Ill.



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

Select One Course Pattern (Check One):

	<u>Member</u>	<u>Nonmember</u>
3-Day Course Fri. – Sun.	<input type="checkbox"/> \$1400	<input type="checkbox"/> \$1750
2-Day Course Fri. – Sat.	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$1450
2-Day Course Sat. – Sun.	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$1450

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"/> 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	<input checked="" type="checkbox"/> Core Ophthalmic Knowledge (Required for all attendees.)	<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

* 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	<div style="border-bottom: 1px solid black; padding: 2px;">Card Holder’s Name</div> <div style="border-bottom: 1px solid black; padding: 2px;">Credit Card Number Exp. Date</div> <div style="border-bottom: 1px solid black; padding: 2px;">Signature</div>
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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 PST, Monday - Friday
 Fax: 415.561.8575

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