

# REGISTRATION FORM

Only one form is necessary for each office, and it can be photocopied to accommodate additional registrants in your office.

AHP

**SECO2019**

WHERE SIGHT MEETS VISION™

FEB. 20-24 | NEW ORLEANS, LA

**AttendSECO.com**

## 1. ATTENDEE INFORMATION

## 2. METHOD OF PAYMENT

Name Last Name First Name				I am paying by:		
Company				<input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER CARD <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> CHECK (payable to SECO International) CHECK # _____		
Mailing Address ( <input type="checkbox"/> Business <input type="checkbox"/> Residence)			Suite / Apt.			<b>\$</b>
City		State	Zip Code	Country	Card #	Expiration Date
Office Phone		Ext.	Fax	Cell Phone	Grand Total	
Email				Printed Name		
Card Holder's Billing Address				Signature		
<input type="checkbox"/> Same as Above <input type="checkbox"/> Other				<i>Signature indicates approval for charges to your account.          All transactions are final. Full payment must accompany registration; payment must be made in US funds. Visit attendseco.com for complete purchase policy details.</i>		
Street Address				CE Broker Number (OP, OPC or DO) _____		
City		State	Zip Code	Country		

SECO International may record part or all of this event. Registration and attendance to this event constitutes an agreement by the registrant with SECO International to use and distribute photographs or audio or video recordings made of the registrant during this event.

The Physician Sunshine Act, § 6002 of the Affordable Care Act (P.L. 111-148 (2010)) ("the Sunshine Act"), requires eye product manufacturers to report attendance registration information for any SECO 2019 continuing education courses and/or meals or other items of value which are supported (in whole or in part) by grant funding from such companies. SECO assists sponsors in gathering this information when required.

### CONGRESS PACKAGE

SECO'S VALUE OPTION THAT ALLOWS THOSE THAT WANT TO TAKE ADVANTAGE OF ATTENDING ALL CE COURSES WHILE DECIDING ANY ADDITIONAL SPECIALIZED COURSE OR EVENTS AS THEIR SCHEDULE PERMITS.

<b>EARLY BIRD</b> <small>THRU 11/30/2018</small> <b>\$250.00</b>	<b>ADVANCED RATE</b> <small>12/1/18 - 2/12/19</small> <b>\$275.00</b>	AHP
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**PACKAGE INCLUDES:**

- All CE courses (additional fees for Learning Labs)
- Symposium Series
- MedPRO360
- Exhibit Hall Access
- SECO University 1-year subscription

### AHP FACULTY

FULL TIME FACULTY MEMBERS AT AN ACCREDITED UNIVERSITY OR COLLEGE

<b>EARLY BIRD</b> <small>THRU 11/30/2018</small> <b>\$150.00</b>	<b>ADVANCED RATE</b> <small>12/1/18 - 2/12/19</small> <b>\$175.00</b>	AHP
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ID/PROOF REQUIRED

**PACKAGE INCLUDES:**

- All CE courses (additional fees for Learning Labs)
- Symposium Series
- MedPRO360
- Exhibit Hall Access
- SECO University 1-year subscription

### BUILD A PACKAGE

CREATE YOUR OWN SECO 2019 EXPERIENCE BY SELECTING ONLY COURSES, LABS OR EVENTS THAT APPEAL TO YOU.

<b>EARLY BIRD</b> <small>THRU 11/30/2018</small> <b>\$35.00</b>	<b>ADVANCED RATE</b> <small>12/1/18 - 2/12/19</small> <b>\$55.00</b>	AHP
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**PACKAGE INCLUDES:**

- Symposium Series
- Exhibit Hall Access

### STUDENT/RESIDENT PACKAGE

THIS PACKAGE IS DEDICATED TO OUR STUDENT AND RESIDENT ATTENDEES.

FREE ID/PROOF REQUIRED

**PACKAGE INCLUDES:**

- All CE courses (based on availability)
- Symposium Series
- Student Symposium
- MedPRO360
- Exhibit Hall Access
- SECO University 1-year subscription
- SECO Optometry Board Review - Part I (3rd Year Optometry Students)

# REGISTRATION FORM (continued)

## 5. DEMOGRAPHIC INFORMATION

*\*Demographic information is collected by SECO. Individual demographics are only shared with partners if you attend a lunch symposium or other special event.\**

### Type of Business/Practice:

- |  |  |
|--|--|
| <input type="checkbox"/> Accreditation Origination                         | <input type="checkbox"/> Armed Forces/VA/USPHS                           |
| <input type="checkbox"/> Association / Non-Profit                          | <input type="checkbox"/> Buying Group                                    |
| <input type="checkbox"/> Corporate Chain/Department/Superstore 1-10        | <input type="checkbox"/> Corporate Chain/Department/Superstore           |
| <input type="checkbox"/> Locations   | <input type="checkbox"/> Government                                      |
| <input type="checkbox"/> Educational Institution                           | <input type="checkbox"/> Independent-Freelance Fill In                   |
| <input type="checkbox"/> Hospital, Health Center, HMO, Clinic              | <input type="checkbox"/> Independent Optometric Practice Affiliated with |
| <input type="checkbox"/> Independent Optometric Practice                   | <input type="checkbox"/> Corporate Chain                                 |
| <input type="checkbox"/> Independent-Non-Practicing, Retired, Semi-Retired | <input type="checkbox"/> Laboratory                                      |
| <input type="checkbox"/> MD Group Practice                                 | <input type="checkbox"/> MD Independent Practice                         |
| <input type="checkbox"/> OD/MD Group Practice                              | <input type="checkbox"/> Optometric Consulting                           |
| <input type="checkbox"/> Retail - Drug/Pharmacy                            |  |

### You are a/an: (check all that apply):

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Owner    | Buyer (select one):                     |
| <input type="checkbox"/> Manager  | <input type="checkbox"/> Buyer          |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Decision Maker |
|                                   | <input type="checkbox"/> Other: _____   |

### Which certifications do you have (or are you currently pursuing):

- |                               |                                       |
|-------------------------------|---------------------------------------|
| <input type="checkbox"/> ABO  | <input type="checkbox"/> NCLE         |
| <input type="checkbox"/> COA  | <input type="checkbox"/> COT          |
| <input type="checkbox"/> COMT | <input type="checkbox"/> OSA          |
| <input type="checkbox"/> CPOC | <input type="checkbox"/> CPOT         |
| <input type="checkbox"/> CPOA | <input type="checkbox"/> CPO          |
| <input type="checkbox"/> LDO  | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> NONE |                                       |

**Opticianry School Attended (or attending):** \_\_\_\_\_

**Graduation Year or Anticipated Graduation Year:** \_\_\_\_\_

### Estimate of annual budget for optical goods/equipment: (choose one)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> 5,000 - 10,000  | <input type="checkbox"/> 30,001 - 50,000 | <input type="checkbox"/> 75,001 - 100,000 | <input type="checkbox"/> not applicable |
| <input type="checkbox"/> 10,001 - 30,000 | <input type="checkbox"/> 50,001 - 75,000 | <input type="checkbox"/> 100,001 +        |   |

**Gender**  Male  Female

**Age group**  21-25  26-36  37-47  48-58  59-69  70+

**How many employees do you manage or are in your office?:** \_\_\_\_\_

**What is your buying authority?**  Makes all decisions  Makes recommendations  None/Not Applicable

**Number of locations you own or operate:** \_\_\_\_\_

### Estimate of annual budget for optical goods/equipment: (choose one)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> 5,000 - 10,000  | <input type="checkbox"/> 30,001 - 50,000 | <input type="checkbox"/> 75,001 - 100,000 | <input type="checkbox"/> not applicable |
| <input type="checkbox"/> 10,001 - 30,000 | <input type="checkbox"/> 50,001 - 75,000 | <input type="checkbox"/> 100,001 +        |   |

### Which of the following technologies and products are of interest to you? (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Contact Lenses, Solutions & Accessories          | <input type="checkbox"/> Accessories - Optical                     |
| <input type="checkbox"/> Accessories - Non Optical                        | <input type="checkbox"/> Contact Lens Solution                     |
| <input type="checkbox"/> Computer Software & Systems                      | <input type="checkbox"/> Contact Lenses - Disposable               |
| <input type="checkbox"/> Contact Lenses - Accessories                     | <input type="checkbox"/> Contact Lenses - Multifocal               |
| <input type="checkbox"/> Contact Lenses - General                         | <input type="checkbox"/> Contact Lenses - Toric                    |
| <input type="checkbox"/> Contact Lenses - Scleral                         | <input type="checkbox"/> Display - Frame & Point of Purchase       |
| <input type="checkbox"/> Cosmetics  | <input type="checkbox"/> Dry Eye Products                          |
| <input type="checkbox"/> Display & Design Services - General              | <input type="checkbox"/> Educational Consultants                   |
| <input type="checkbox"/> Education & Reference Materials                  | <input type="checkbox"/> Equipment - Dispensing / Examination      |
| <input type="checkbox"/> Educational Institutions                         | <input type="checkbox"/> Eyeglass Cleaners & Cloths                |
| <input type="checkbox"/> Eyeglass Cases                                   | <input type="checkbox"/> Fixtures - Dispensing / Office            |
| <input type="checkbox"/> Eyewear Retainers                                | <input type="checkbox"/> Frames - General / Men / Women            |
| <input type="checkbox"/> Frames - Boutique                                | <input type="checkbox"/> Frames - New Launch                       |
| <input type="checkbox"/> Frames - Kids / Teens                            | <input type="checkbox"/> Instruments - General / Diagnostics       |
| <input type="checkbox"/> Furniture - office & Dispensing                  | <input type="checkbox"/> Laboratories & Laboratory Supplies        |
| <input type="checkbox"/> Lab Management Software & Systems                | <input type="checkbox"/> Managed Vision Care                       |
| <input type="checkbox"/> Lenses & Coatings                                | <input type="checkbox"/> New Exhibitor                             |
| <input type="checkbox"/> Mirrors  | <input type="checkbox"/> Nutraceuticals & Dietary Supplements(s)   |
| <input type="checkbox"/> New Product Launch                               | <input type="checkbox"/> Pharmaceuticals                           |
| <input type="checkbox"/> Organizations - Educational / Industry / Service | <input type="checkbox"/> Reading Glasses                           |
| <input type="checkbox"/> Practice Management Solutions                    | <input type="checkbox"/> Services - Credit / Financial / Insurance |
| <input type="checkbox"/> Repair and Replacement Parts                     |  |

## 7. REGISTRATION

**Purchase Audio Recording Downloads.** Recordings are included with SECO University subscription and is part of the Congress/Premium and Summit packages.

OD \$125  ALLIED HEALTHCARE PROFESSIONAL \$125  BOTH \$200

YES! I plan to attend the Saturday Night Party.

YES! I plan to attend the AHP Party.

### Southern Council of Optometrists and Associate Organizations Membership

I am a member of:  Yes  No STATE/ORGANIZATION \_\_\_\_\_

**How many years have you attended SECO:** \_\_\_\_\_

### Choose from the choices below if you have special dietary needs. Select One.

Please note your dietary preference is for food courses only.

Vegetarian  Kosher  Gluten-Free

Please provide any additional info here: \_\_\_\_\_

### Please Check all that Apply

- I wish to join the SECO eNews subscription list.  Don't share my mailing address with exhibitors.
- This is my first time attending SECO.  I require assistance in accordance with the Americans with Disabilities Act (ADA).

**ALL REGISTRANTS, INCLUDING CONGRESS/PREMIUM OR SUMMIT PACKAGES, MUST LIST COURSE(S) IN ORDER TO RESERVE YOUR SPACE.**

## 8. COURSES

WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
CRS#	FEE	CRS#	FEE	CRS#	FEE	CRS#	FEE	CRS#	FEE

**COURSE FEE TOTAL \$** \_\_\_\_\_

## 9. TOTAL FEES

<b>Registration Fee Total</b>	<b>\$</b>
<b>Audio Recording Total</b>	<b>\$</b>
<b>Course Fee Total</b>	<b>\$</b>
<input type="checkbox"/> Donation to Optometry Giving Sight (OGS)	<b>\$</b> (optional)
<b>Member Discount Total</b>	<b>-\$</b>
<b>GRAND TOTAL</b>	<b>\$</b>