

# REGISTRATION FORM

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

**AHP**

Allied Healthcare Professionals:  
Opticians  
Ophthalmic Technicians  
Paraoptometric  
Practice Administrators  
Administration

**SECO 20/20**

WHERE SIGHT MEETS VISION™  
MARCH 4-8 | ATLANTA, GA

**AttendSECO.com**

1. ATTENDEE INFORMATION				2. METHOD OF PAYMENT	
Name Last Name First Name				<input type="checkbox"/> CREDIT CARD (LINK FOR PAYMENT TO BE EMAILED) <input type="checkbox"/> CHECK (payable to SECO International) CHECK # _____	
Company				<div style="border: 1px solid black; padding: 5px; display: inline-block;">\$</div>	
Mailing Address ( <input type="checkbox"/> Business <input type="checkbox"/> Residence ) Suite / Apt.					
City State Zip Code Country				Printed Name	
Office Phone Ext. Fax Cell Phone				Signature	
Email				<p><i>Signature indicates approval for charges to your account.</i></p> <p><i>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></p>	
				<p><b>BRING YOUR TEAM!</b></p> <p>There's something for everyone at SECO, with top-quality, advanced education designed for all optometric professionals. Access special group discounts when you bring five or more team members!</p> <p>For more information, contact us at <a href="mailto:info@secostaff.com">info@secostaff.com</a></p>	

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. See the Terms and Conditions, Privacy Policy, and Code of Conduct at [attendseco.com](http://attendseco.com).

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** **AHP**

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> UNTIL 11/30/2019	<b>ADVANCED</b> UNTIL 2/15/2020	<b>REGULAR</b> AFTER 2/15/2020
\$250.00	\$275.00	\$275.00

**PACKAGE INCLUDES:**

- All CE courses (additional fees for Learning Labs, Dinner CE courses and Special CE Events)
- Symposium Series
- MedPRO360 Practice Management Courses
- Optometry's Marketplace Exhibit Hall Access
- SECO University 1-year subscription

**AHP FACULTY** ID/PROOF REQUIRED **AHP**

FULL TIME FACULTY MEMBERS AT AN ACCREDITED UNIVERSITY OR COLLEGE

<b>EARLY BIRD</b> UNTIL 11/30/2019	<b>ADVANCED</b> UNTIL 2/15/2020	<b>REGULAR</b> AFTER 2/15/2020
\$150.00	\$175.00	\$225.00

**PACKAGE INCLUDES:**

- All CE courses (additional fees for Learning Labs, Dinner CE courses and Special CE Events)
- Symposium Series
- MedPRO360 Practice Management Courses
- Optometry's Marketplace Exhibit Hall Access
- SECO University 1-year subscription

**BUILD A PACKAGE** **AHP**

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

<b>EARLY BIRD</b> UNTIL 11/30/2019	<b>ADVANCED</b> UNTIL 2/15/2020	<b>REGULAR</b> AFTER 2/15/2020
\$35.00	\$55.00	\$65.00

**PACKAGE INCLUDES:**

- Symposium Series
- Optometry's Marketplace Exhibit Hall Access

Note: You can add individual courses, special events (including the Saturday Night "Back Where You Belong" Party) to this package.

**OPTICIAN STUDENT PACKAGE** FREE ID/PROOF REQUIRED **AHP**

THIS PACKAGE IS DEDICATED TO OPTICIAN STUDENT ATTENDEES

**PACKAGE INCLUDES:**

- All CE courses (based on availability)
- Symposium Series
- Student Symposium
- MedPRO360 Practice Management Courses
- Optometry's Marketplace Exhibit Hall Access
- SECO University 1-year subscription

# REGISTRATION FORM (continued)

## 3. 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.\*

### Allied Healthcare Professional (AHP) Role:

- Paraoptometric
- Optician
- Ophthalmic Medical Technical
- Practice Administrator
- Other
- Laboratory Manger/Technician
- Administration

### Type of Business/Practice:

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

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

- Owner
- Manager
- Employee
- Decision Maker
- Buyer (select one):
- Optical
- Retail
- Other: \_\_\_\_\_

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

- ABO
- COA
- COMT
- CPOC
- CPOA
- LDO
- NONE
- NCLE
- COT
- OSA
- CPOT
- CPO
- OTHER: \_\_\_\_\_

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

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

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

- 5,000 - 10,000
- 10,001 - 30,000
- 30,001 - 50,000
- 50,001 - 75,000
- 75,001 - 100,000
- 100,001 +
- not applicable

Gender  Male  Female

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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)

- 5,000 - 10,000
- 10,001 - 30,000
- 30,001 - 50,000
- 50,001 - 75,000
- 75,001 - 100,000
- 100,001 +
- not applicable

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

- Contact Lenses, Solutions & Accessories
- Accessories - Optical
- Accessories - Non Optical
- Computer Software & Systems
- Contact Lenses - Accessories
- Contact Lenses - General
- Contact Lenses - Scleral
- Cosmetics
- Display & Design Services - General
- Education & Reference Materials
- Educational Institutions
- Eyeglass Cases
- Eyewear Retainers
- Frames - Boutique
- Frames - Kids / Teens
- Furniture - office & Dispensing
- Lab Management Software & Systems
- Lenses & Coatings
- Mirrors
- New Product Launch
- Organizations - Educational / Industry / Service
- Practice Management Solutions
- Repair and Replacement Parts
- Services - General Business
- Specialty Lenses
- Sport Glasses / Protective Goggles / Binoculars
- Sunglasses - Boutique
- Sunglasses - General / Men / Women
- Sunglasses - Kids / Teens
- Sunglasses - New Launch
- Accessories - Optical
- Contact Lens Solution
- Contact Lenses - Disposable
- Contact Lenses - Multifocal
- Contact Lenses - Toric
- Display - Frame & Point of Purchase
- Dry Eye Products
- Educational Consultants
- Equipment - Dispensing / Examination
- Eyeglass Cleaners & Cloths
- Fixtures - Dispensing / Office
- Frames - General / Men / Women
- Frames - New Launch
- Instruments - General / Diagnostics
- Laboratories & Laboratory Supplies
- Managed Vision Care
- New Exhibitor
- Nutraceuticals & Dietary Supplement(s)
- Pharmaceuticals
- Reading Glasses
- Services - Credit / Financial / Insurance
- Tools
- Trade Publications
- Vision Training
- Visual Aids & Low Vision Aids
- Wearable Technology
- Website / Social Media Consulting & Services
- Other

## 4. 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 featuring the legendary band 38 Special!

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 \_\_\_\_\_

### 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.**

**PRE-REGISTRATION REQUIRED**

## 5. COURSES

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

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

## 6. 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 AOA Optometry Cares Foundation	
<b>Member Discount Total</b>	<b>-\$</b>
<b>GRAND TOTAL</b>	<b>\$</b>