



**Kentucky Optometric Association
2009 Fall Education Conference**

Holiday Inn & Convention Center

Bowling Green, KY

September 25-27, 2009

AGENDA

OPTOMETRIST CE SCHEDULE

Friday, September 25

- 7:30am **Golf Scramble to Benefit the KY Vision Project**
Crosswinds Golf Course
Bowling Green KY
- 12:00 noon **Conference Registration Opens**
- 1:00-3:00pm **“My Favorite Cases”**
Paul Ajamian, O.D.
2 HRS CE (TPA) COPE# 25247-SD
- 3:00-4:00pm **“What a Pain”**
Paul Ajamian, O.D.
1 HR CE (TPA) COPE# 21517-PH
- 4:00-5:00pm **“Evolving Standards in Glaucoma Care”**
Ben Gaddie, O.D.
1 HR CE (TPA) COPE# 19843-GL
- 5:00-7:00pm **Welcome Reception**



Saturday, September 26

- 7:00am **Registration/ Breakfast**
- 8:00-10:00am **“The Decision to Delegate”**
Mile Brujic, O.D.
2 HRS CE COPE# 25701-PM
Joint Session with Paras
- 10:00-11:00am **“Strategies for Minimizing Risk Factors for your Contact Lens Patient”**
Mile Brujic, O.D.
1 HR CE (TPA) COPE# 24088-CL
- 11:00-12:00pm **“HIV/AIDS Course”**
Steve Bloom, M.D.
1 HR CE CHFS Approved
As a member benefit, KOA members are entitled to register for the AIDS course only for free without registering for the full conference. Second Quarter dues must be paid!
- 12:00-1:00pm **Lunch**
- 1:00-3:00pm **“Management of Complicated Patients”**
Greg Moore, O.D.
2 HRS CE (TPA) COPE# 25580-AS



- 3:00-5:00pm **“Overlooked Opportunities in Ocular Patients”**
Greg Moore, O.D. & Earl Nelson, M.D.
2 HRS CE (TPA) COPE# PENDING
- 6:00pm **Join the KOA for an evening at the National Corvette Museum. A group dinner will be served at the museum’s banquet hall and then enjoy a tour of the corvette museum. This is included in your registration. If you plan to bring a guest(s) the charge will be \$25.00 for adult and \$15.00 for children under 12.**

Sunday, September 27

- 7:00am **Registration/Breakfast**
- 8:00-10:00am **“Challenging Macular Cases: You Make the Call”**
Diana Shechtman, O.D.
2 HRS CE (TPA) COPE# 22862-PS
- 10:00-11:00am **“Controversies in the Nutritional Management of Macular Degeneration”**
Diana Shechtman, O.D.
1 HR CE (TPA) COPE# 24752-PS

PARAOPTOMETRIC CE SCHEDULE

Saturday, September 26 - ONLY

- 7:00am **Registration/ Breakfast**
- 8:00-10:00am **“The Decision to Delegate”**
Mile Brujic, O.D.
2 HRS CE
Joint Session with Optometrists
- 10:00-12:00pm **“Identifying, Fitting, Managing Challenging Contact Lens Patients”**
Jeffrey Machemer
2 HRS CE NCLE Approved
- 12:00-1:00pm **Lunch**
- 1:00-2:00pm **“Technophobia Override”**
Melissa Hill
1 HR CE ABO Approved
- 2:00-3:00pm **“Beyond the Grid”**
Melissa Hill
1 HR CE ABO Approved

All courses are approved by the Kentucky Board of Ophthalmic Dispensers.

O.D. & Para REGISTRATION FORM

KOA Fall Education Conference

September 25-27, 2009

Holiday Inn University Plaza- Bowling Green, KY

Your check should accompany this form in order to avoid a charge for late registration. *No ticket order will be taken by phone. Requests for additional tickets must be in writing and payment must accompany this order.*

Name _____	Badge Name _____	Degree _____
Address _____		
City _____	State _____	Zip _____ Phone () _____
Email Address _____		KOA or AOA Member ID # _____

Registration & Payment Received **By 8/24** **By 9/14** **After 9/14** **TOTAL DUE**
 (Please indicate number of registrants in the appropriate box below.)

<input type="checkbox"/>	O.D. FULL REGISTRATION- (Includes 15 CE hours, Friday Reception, Saturday Lunch, Breaks & Corvette Museum) AOA or KOA Member Discount Fee* \$ 320 \$345 \$ 370 Non Member \$ 465 \$490 \$ 515 <i>*Dues should be paid through the second quarter</i>		\$ _____ \$ _____
<input type="checkbox"/>	KOAMEMBERS ONLY - AIDS course only registration FREE		\$ _____
<input type="checkbox"/>	PARAFULLREGISTRATION- \$125 \$140 \$165 (Includes 6 CE hours, Saturday Lunch, & Breaks) - Does not include corvette museum, but can be purchased separately below.		\$ _____
<input type="checkbox"/>	STUDENT REGISTRATION - There is no registration fee for students. FREE		\$ _____
<input type="checkbox"/>	ADDITIONAL TICKETS (Also available at registration desk)		
	Welcome Reception \$25.00 x ()		\$ _____
	Saturday Lunch \$25.00 x ()		\$ _____
	Corvette Museum Adult \$25.00 x ()		\$ _____
	Child \$15.00 x ()		\$ _____

OD's - Please check if you would like your handouts in a binder or electronic format.
 Binders Electronic Format for computer

NOTE: DO NOT INCLUDE GOLF FEE IN TOTAL DUE. PLEASE SEND A SEPARATE CHECK PAYABLE TO THE KENTUCKY VISION PROJECT.

TOTAL DUE \$ _____

Payment Method Check Master Card Visa Discover


Bank Card # _____ Exp. Date _____ Amount \$ _____

Name as Printed on Card _____

Signature _____


REFUND POLICY

Notice of cancellation must be in writing: Full refund will be made for requests received before September 11th. Thereafter, a \$35 fee applies.



Please return with remittance to:

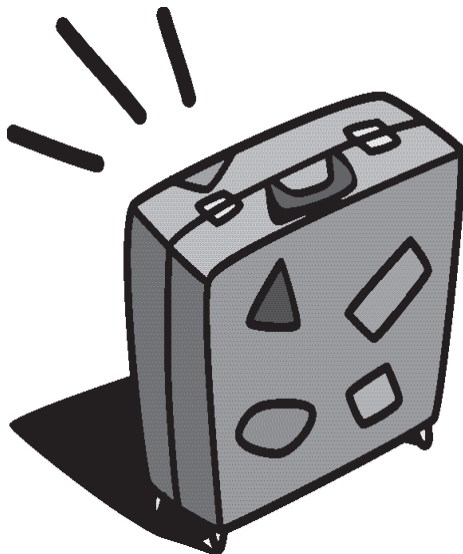
KOA
 P.O. Box 572
 Frankfort, KY 40602
 PHONE (502) 875-3516
 FAX (502) 875-3782





Kentucky Optometric Association
P.O. Box 572
Frankfort, KY 40602

**OPEN IMMEDIATELY
REGISTRATION INFORMATION
ENCLOSED**



HOTEL RESERVATIONS

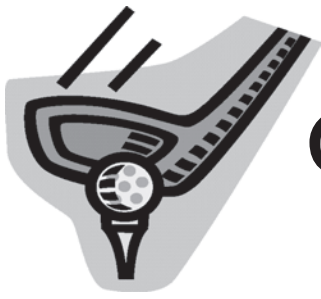
Call the
Holiday Inn University Plaza
1021 Wilkinson Trace
Bowling Green, KY 42103
(270) 745-0088 or (800) HOLIDAY

KOA Group Rate
DBL or KNG \$110.00

*Please refer to the KOA to receive the special group rate.

Cut-off date is August 25, 2009.

Please be sure to make your reservation before that date!!!



GOLF SCRAMBLE



to benefit the

Kentucky Vision Project

ATTENTION GOLF ENTHUSIASTS!!!

Join your friends for a day of networking and fun! Proceeds will benefit the Kentucky Vision Project to help low income families receive free eye exams and glasses.

The Golf Scramble will be held on Friday, September 25th at the Crosswinds Golf Course, located at 1031 Wilkinson Trace, Bowling Green KY. Phone (270) 393-3559.

Tee Time is at 7:30 a.m.!!!

The golf fee is \$55.00, which includes your cart and green fees.

The golf course is right across the street from the Holiday Inn.

Golf Registration Form	
Name	_____
Address	_____
Daytime Phone ()	_____
Please Register the Following:	Handicap
_____	_____
_____	_____
_____	_____

Teams to be formed based on handicap submitted.

**Make checks payable and mail to:
 Kentucky Vision Project
 P.O. Box 1422, Frankfort, KY 40602
 FAX: (502) 875-3782**