DELAWARE OPHTHALMOLOGY CONSULTANTS

Allied Health Symposium
Concord Plaza - Naaman's Bldg.
Wilmington, Delaware 19810

See Yourself At.....

The 20th Annual Ophthalmic Allied Health Symposium

Saturday, *October 11th, 2014*

DoubleTree by Hilton Hotel Wilmington

DELAWARE OPHTHALMOLOGY CONSULTANTS

GENERAL INFORMATION

SYMPOSIUM LOCATION & HOTEL ACCOMMODATIONS

DoubleTree by Hilton Hotel Of Wilmington
4727 Concord Pike, Wilmington, DE 19803
302/478-6000

For directions & accommodations visit www.delawareeyes.com for the DoubleTree Hotel Link.
Reservation Deadline for room block rate is September 11th, 2014.

REGISTRATION

Registration Fee: **$170.00**
Includes: continental breakfast, lunch & CECs
Participants must submit a completed registration form and payment by 9/29/2014. Acknowledgement of registration will be emailed or mailed to you.
Please call for seat availability after this date.
A $30.00 late fee will be required for registrations postmarked after 9/29/14.

CANCELLATIONS/REFUNDS

All requests for cancellations/refunds must be received in writing no later than 9/29/2014. After this date a $30 fee will be deducted from each cancelled registration to cover administrative costs. Under no circumstances will refunds be made after this date.

CONTINUING EDUCATION CREDITS

This course has been submitted to **JCAHPO** and the **AOA Commission on Paraoptometric Certification (CPC)** for approval of CE credits.

GUEST SPEAKER

TOM SULLIVAN, "Adventures in Darkness"
One of America's most sought after motivational speakers. Blind since birth he is an avid snow skier, golfer & Marathon Runner.
Learn one of Sullivan's Rules
-any negative can be turned into a positive

NOTE: *Attendance is monitored. Credit for a course will be denied to individuals who miss more than 10 minutes of that hour. Attendance is required of the entire course to receive certificate of attendance,*
including 20th Anniversary Special, Guest Speaker ~Thomas Sullivan

ATTIRE

Business Casual ~ layers recommended

Symposium Program

7:15am – 7:50am
Registration & Continental Breakfast

7:50am – 8:00am
Welcome

8:00am – 9:00am
Jamie Wohlhagen, O.D.
Clinical Protocols in Eye Care: Exploring Practices, Pearls, and Procedures

9:00am – 10:00am
Craig Piso, PhD
Corinne Z. Wohl, MHSA, COE
Training & Supervision of Ophthalmic Personnel

10:00am – 10:15am
Morning Break

10:15am – 11:15am
Harry Lebowitz, M.D.
The Eye in History

11:15am – 12:15pm
Robert Abel, Jr. M.D.
Ophthalmology 2025

12:15pm – 1:00pm
Buffet Luncheon

1:00pm – 2:00pm
Ravi Patel, M.D.
Alphabet Soup of Corneal Surgery

2:00pm – 3:00pm
Ralph Milner, M.D.
Retinopathy of Prematurity

3:00pm – 4:00pm
20th Anniversary Special Guest Appearance
Thomas Sullivan
Actor, Singer, Entertainer, Author, Producer
Adventures in Darkness
*(Non- credit hour *must be present to receive course certificate)*

This course is not sponsored by JCAHPO; only reviewed for compliance with JCAHPO standards and criteria and awarded continuing education credit accordingly; therefore JCAHPO cannot predict the effectiveness of the program or assure its quality in substance and

Delaware Ophthalmology Consultants is proud to host our Annual Ophthalmic Allied Health Symposium. Professionals from the local Delaware Valley and Tri-State areas are invited to join us as we provide an exceptional one-day event filled with an agenda of presentations that are exciting, interactive, and educational.

Attendees come to earn continuing education credits to maintain their certification in the ophthalmology field, network with peers, and gain knowledge of the most progressive ophthalmic trends and education.

Our goal is to provide ophthalmology and sub-specialty related topics of the latest technologies, surgeries, equipment, diseases and treatments.

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CONTACT INFORMATION

Program Directors
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Follow us on Facebook for symposium updates!

Allied Health Symposium; Delaware Ophthalmology Consultants

Registration Form

A registration form must be completed for each attendee. Please fill in all blanks. **Please print or type.**

Name:_____

Certification Level/ Credentials:_____

Home Address:_____

City/State/Zip:_____

Email (required):_____

Phone:_____

Practice/Office name:_____

Practice/Office Address:_____

City/State/Zip:_____

Practice Phone:_____

Fax:_____

Payment Information

(*Checks payable to DOC Allied Health Symposium*)
Mail to: DOC Allied Health Symposium
3501 Silverside Rd, Naaman's Bldg.; Wilmington, De 19810
Fax: 302/477-2624 accepted for credit card payments

Check Enclosed ❒ Visa ❒ M/C ❒

Credit Card number: ( ) - ( ) - ( )

Security Code: ( ) Exp. date: ( )

Cardholder billing address:_____

City/State/ZIP:_____

Name as it appears on credit card (print):_____
Cardholders Signature:
✗_____

Late fee (after 9/29/14:) $ _____

Registration amount total: $ _____

Total amount enclosed: $ _____