2020 Convention Schedule

OPTOMETRISTS SCHEDULE

FRIDAY
7:30am – 9:50am CPR – Lt. Jon Riley (pre-registration required; limited to 30 registrants)
10:00 am – 12:00pm Periocular Maligancies (COPE 61605-PD)
   Andrew Gurwood, OD and Marc Myers, OD
12:00 pm – 2:00pm Exhibit Hall and lunch
2:00pm – 3:00pm Posterior Segment Grand Rounds (COPE 66141-PS)
   Andrew Gurwood, OD and Marc Myers, OD
3:00pm – 5:00pm Management of Superficial Corneal Injuries (COPE 61780-AS)
   Andrew Gurwood, OD and Marc Myers, OD
8:00pm Young OD Pedal Pub Social (pre-registration required)

SATURDAY
7:00am – 8:00am Membership Meeting Breakfast
8:00 am – 10:00am AMD—How to Improve Outcomes and Help Prevent Blindness (COPE 65999-PS) Damon Dierker, OD
10:00am — 12:00pm Interactive Grand Rounds (COPE applied for) Damon Dierker, OD
12:00pm – 2:00pm Exhibit Hall and Lunch
2:00pm – 3:00pm The Latest in Corneal Dystrophies and Degenerations (COPE 49800-AS) Blair Lonsberry, OD
3:00pm – 5:00pm Ocular Manifestations in Diabetes (Cope 62504-SD)
   Blair Lonsberry, OD
5:00pm Reception

SUNDAY
7:00am – 8:00am UABSO Alumni Breakfast (pre-registration required)
8:00am – 10:00am Anterior Segment Grand Rounds (COPE applied for)
   Blair Lonsberry, OD
10:00am – 11:00am Doctor, I See Double Simplyfing Diplopia (COPE 61799-NO)
   Joseph Sowka, OD
11:00am – 1:00pm Rules and Exceptions in Neuro Disease (COPE 66391-NO)
   Joseph Sowka, OD
TECHNICIANS/STAFF SCHEDULE

FRIDAY

7:30am — 9:50am  CPR—Lt Jon Riley (pre-registration required; limited to 30 registrants)
10:00am — 11:00am  **Basics of Light, Reflection and Refraction?** (BP-0013-17)
                      Diane F. Drake, LDO, ABOM, NCLEM, FNAO
11:00am—12:00pm  **What are Lens Aberrations and What Can We Do about Them?**
                      (OP-0036-17) Diane F. Drake, LDO, ABOM, NCLEM, FNAO
12:00pm — 2:00pm  **Exhibit Hall and lunch**
2:00pm – 4:00pm  **Unequal Refractive Errors**
                      Diane F. Drake, LDO, ABOM, NCLEM, FNAO
4:00pm — 5:00pm  **Defining the Chief Complaint to Maximize Vision** (BP-0006-18))
                      Diane F. Drake, LDO, ABOM, NCLEM, FNAO

SATURDAY

8:00am — 9:00am  **What Makes Eyeglasses Fit Badly and What to do About it?**
                      (OP-0022-18) Diane F. Drake, LDO, ABOM, NCLEM, FNAO
9:00am – 10:00am  **Effects of Cosmetics on Contact Lens Wear**
                      Diane F. Drake, LDO, ABOM, NCLEM, FNAO
10:00am – 11:00am  **Trouble Shooting Pediatric Dispensing** (CV-0007-18)
                      Diane F. Drake, LDO, ABOM, NCLEM, FNAO
11:00am — 12:00pm  **Trouble Shooting Uncommon Prescriptions** (OP-0021-18)
                      Diane F. Drake, LDO, ABOM, NCLEM, FNAO
12:00pm – 2:00pm  **Exhibit Hall and Lunch**
2:00pm – 5:00pm  **The Ins and Outs of Contact Lens** Calah Ray, OD
5:00pm  Reception
General Information

**HOTEL INFORMATION:** The 2020 ALOA Convention will be held at:

Hyatt Regency Birmingham - The Wynfrey Hotel  
1000 Riverchase Galleria  
Birmingham, Alabama 35244

**RESERVATIONS**  
Call 1-800-233-1234 to make your hotel reservation,  
or make your reservation online:  

**ROOMS**  
Single/Double Rae: $159  
Club Level: $189  
Lodging Tax: 14%

Group reservations must be made no later than 5 p.m. on September 14, 2020. After this date reservations are subject to regular hotel room rates and availability. To get the ALOA group rate when reserving by phone, remember to mention that you will be attending the Alabama Optometric Association meeting.

Hotel Check-in: 4 p.m.  
Hotel Check-out: 11 a.m.

**QUESTIONS**  
Contact Teri Hatfield at teri@alaopt.com

Sunshine Act Disclosure  
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 ALOA 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. ALOA’s eye product sponsors in the pharmaceutical and device industries have asked ALOA to assist them in gathering this information. In honoring these requests, ALOA will attempt to gather and provide its eye product sponsors with the information required by the Sunshine Act. This information includes name of registrant, license number and business address. The ALOA will not disclose any additional information.
Name____________________________________________________________________________________

Name as it should appear on badge __________________________________________________________

Address __________________________________________________________________________________

City_______________________________ State ___________________________ Zip____________________

Phone (              ) _________________________ Fax (              ) ______________________________________

Email (for registration confirmation)__________________________________________________________

All courses are COPE approved. If you need courses approved in the state by which you are licensed, contact the ALOA.

REGISTRATION CATEGORIES

MEMBER REGISTRATION:

[ ] ALOA/AOA Member Optometrist (full weekend) $475 $600 $_______

[ ] ALOA/AOA Member Optometrist (Friday only) $250 $375 $_______

[ ] ALOA/AOA Member Optometrist (Saturday only) $350 $475 $_______

[ ] ALOA/AOA Member Optometrist (Sunday only) $250 $375 $_______

NONMEMBER REGISTRATION:

[ ] Non-ALOA/AOA Member Optometrist (full weekend) $950 $1075 $_______

[ ] Non-ALOA/AOA Member Optometrist (Friday only) $500 $625 $_______

[ ] Non-ALOA/AOA Member Optometrist (Saturday only) $700 $825 $_______

[ ] Non-ALOA/AOA Member Optometrist (Sunday only) $500 $625 $_______

OTHER REGISTRATION CATEGORIES:

[ ] New Practitioner (graduated 2018 or 2019) (full weekend) $250 $375 $_______

[ ] Exhibits/Receptions Only $75 $75 $_______

[ ] Student Complimentary Registration

[ ] Life Member/Retired Complimentary Registration

[ ] New Graduate (Graduated in 2020) Complimentary Registration

[ ] Resident Complimentary Registration

[ ] Spouse/Guest Registration (Please pay for all guests over 18 years of age) ______ x $20 $_________

Spouse/Guest Name (Please provide first and last name):__________________________________________

OPTIONAL ACTIVITIES:

[ ] CPR Course (attendance limited to 30) ______ x $35 $_________

[ ] UABSOP Alumni Breakfast ______ x $10 $_________

[ ] Young OD Pedal Pub Social (no cost) $_________

TOTAL REGISTRATION $_________

Do you have food allergies? Please specify and an ALOA staff member will contact you to discuss your needs. ________________

Will you need special assistance at the meeting due to illness, disability, etc.? ________________

PAYMENT

Check #______________ (Checks Payable to Alabama Optometric Association or ALOA)

Credit Card: [ ] Visa [ ] MasterCard [ ] American Express [ ] Discover

Card #: ________________________________________________

Exp. Date____________________ Name on card: ______________________________________________

Billing Address (if different from above)______________________________________________________

Signature__________________________________________
# ALABAMA OPTOMETRIC ASSOCIATION ANNUAL CONVENTION
October 2-4, 2020 • The Hyatt Regency -The Wynfrey Hotel • Birmingham, Alabama

**Technician/Staff Registration Form**

Mail registration to ALOA, P.O. Box 240907 Montgomery, AL 36124-0907 or fax to (334) 273-9681.

Name__________________________________________________________

Name as it should appear on name badge_____________________________________

Doctor’s Name________________________________________________________

Address __________________________________________________________________________________

City__________________________________________________ State __________ Zip_________________

Phone (          ) ______________________________ Fax (            )  ___________________________________

E-mail (for registration confirmation) __________________________________________

I will need continuing education credit from the following organizations: ______________________________

<table>
<thead>
<tr>
<th>REGISTRATION CATEGORIES</th>
<th>Standard Registration through 9/14</th>
<th>Registration with late fee after 9/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] ALOA/AOA Member - Technician/Staff</td>
<td>$275</td>
<td>$400</td>
</tr>
<tr>
<td>[ ] Non-ALOA/AOA Member - Technician/Staff</td>
<td>$550</td>
<td>$675</td>
</tr>
<tr>
<td>[ ] Exhibits/Receptions Only</td>
<td>$75</td>
<td>$75</td>
</tr>
<tr>
<td>[ ] Spouse/Guest Registration (Please pay for all guests over 18 years of age) ______ x $20</td>
<td>$________</td>
<td></td>
</tr>
</tbody>
</table>

Spouse/Guest Name (Please provide first and last name):__________________________

Optional Activities:

[ ] CPR Course (attendance limited to 30) ______ x $35 $________

TOTAL REGISTRATION $________

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Will you need special assistance at the meeting due to illness, disability, etc.? __________

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PAYMENT

Check #_________________ (Checks Payable to Alabama Optometric Association or ALOA)

Credit Card: [ ] Visa [ ] MasterCard [ ] American Express [ ] Discover

(For security purposes the ALOA does not keep past credit card numbers on file. Please write out credit card number. Placing “Credit Card on File” in blank will not be accepted.)

Card #: ________________________

Exp. Date____________________ Name on card: ______________________

Billing Address (if different from above)________________________________________

Signature __________________________________________________________________