

# Certified Ophthalmic Executive Registration Form

2012 ASCRS•ASOA HOUSING  
AND REGISTRATION

## COE On-site Exam, Tuesday, April 24, 2012 8:30 AM–12:00 PM, McCormick Place West

ASOA is pleased to offer a Certified Ophthalmic Executive (COE) Exam on Tuesday morning, **April 24, 2012**, in Chicago, IL. Join the more than 250 ophthalmic administrators who proudly display the COE credential by taking this written exam.

In addition, do not miss the opportunity to review exam specific content areas during the 2-part COE Review on Friday, April 20, 2012, and Saturday, April 21, 2012. See the ASOA Optional Seminar Registration Form (page 9) for details. Limit: 50

**Note: Completing the COE Review does not guarantee you will pass the COE exam.  
For additional information, contact Susan Younker at [syounker@asoa.org](mailto:syounker@asoa.org) or (703) 788-5759.**

### WAYS TO REGISTER

**Web:** [www.ascrs.org](http://www.ascrs.org) or [www.asoa.org](http://www.asoa.org)

**Mail:** ASCRS•ASOA 2012  
c/o Convention Data Services  
107 Waterhouse Road  
Bourne, MA 02532

*If you are unable to register online,  
please mail your registration to the  
above address.*

### DEADLINE DATE

**March 24, 2012**  
One registration per form.  
Copy form if necessary.

### ASSISTANCE

ASCRS•ASOA is ADA compliant. A registrant who requires special accommodations should contact ASCRS•ASOA by **March 2, 2012**, at (703) 591-2220.

### CANCELLATION/ REFUND POLICY

All cancellations and requests for refunds must be in writing and received no later than **March 2, 2012**. A handling fee of \$75.00 will be deducted from each cancelled registration. NO REFUNDS will be given after **March 2, 2012**.

**\*NO ON-SITE REGISTRATION\***

### TYPE or PRINT CLEARLY

FIRST NAME	LAST NAME/FAMILY NAME	MI	DEGREE
PRACTICE NAME			
BUSINESS MAILING ADDRESS			
BUSINESS MAILING ADDRESS			
CITY	STATE	ZIP	COUNTRY
TELEPHONE	FACSIMILE	E-MAIL (required)	

### COE EXAM REGISTRATION FEE

**ASOA Member**  \$250  
**ASOA Nonmember**  \$550

I hereby attest that by submitting this application I have at least three years of health care administration experience and have been involved for one or more of these years in ophthalmic management.

Signature/Date (required)

### PAYMENT METHOD (U.S. FUNDS ONLY) PAYMENT MUST ACCOMPANY REGISTRATION FORM

ASCRS•ASOA is hereby authorized to adjust registration charges originally paid via fax, phone, or Internet using my credit card if the amount originally paid was deficient or excessive by charging or crediting my credit card account and providing a mailed notice of the adjustment.

CHECK (Payable to ASOA) Mail to address above.

CREDIT CARD:

MasterCard   Visa   AMEX 

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Name of cardholder (Please Print) \_\_\_\_\_

**Total Amount:** \_\_\_\_\_