

Registration Form

OPHTHALMIC CODING COLLEGE 2008

New Component: Ethics of Coding



AMERICAN ACADEMY
OF OPHTHALMIC EXECUTIVES



Dallas — March 29, 2008

Practice Information (please type or print)

AAO/AAOE Member Number (required) _____

Practice/Physician Name _____

Address _____

City/State/ZIP Code _____

Telephone Number _____ Fax Number _____

E-mail Address _____

Method of payment

VISA MasterCard American Express Discover

Check or money order, payable to AAO

Total Amount to be Charged \$ _____

Card Number _____

Exp. Date _____ Authorized Signature _____

Additional Information Required to Process Payment

Name of as it Appears on Card _____

Cardholders Billing Address _____

City/State/ZIP Code _____

step 1

Fax this form to

415.561.8595

step 2

If paying by check, also mail this form with payment to:

American Academy of Ophthalmology
Dept#34045
PO Box 39000
San Francisco, CA 94139

Attendee names (Please Print)

- | | |
|----------|-------|
| 1. _____ | \$245 |
| 2. _____ | \$230 |
| 3. _____ | \$230 |
| 4. _____ | \$230 |
| 5. _____ | \$230 |

please check if you need any auxiliary services identified in the americans with disabilities act

Program cancellation policy: If it is necessary for the AAOE to cancel the program or turn you away due to space limitations, we will refund the registration fee in full. However, we cannot be held responsible for airline ticket and/or hotel charges resulting from space limitations or program cancellation.

For more information please call Bernhardt Mair, AAOE representative (415) 447-0369.

Last Day to Register is
Tuesday, March 18.

Registration after this date is \$285.00 per attendee, based on availability.

Substitutions can be made prior to the seminar without incurring an additional fee.

Cancellation more than 10 working days before the course date will be fully refunded. Cancellations thereafter will be subject to a \$50 per person administrative fee.

Registrants who do not cancel prior to the seminar date are liable for the entire Coding College registration fee.

Meeting Location

Saturday, March 29, 2008
University of Texas - Southwestern
Medical Center at Dallas
Gooch Auditorium – South Campus
5323 Harry Hines Boulevard
Dallas, TX 75390



Sponsored in part by an unrestricted grant from:



attendee e-mail

(required for confirmation)

1. _____
2. _____
3. _____
4. _____
5. _____

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