



Summer Convention

June 5-7, 2008

Pearl River Resort Hwy 16 West Philadelphia, MS

REGISTRATION FORM FOR OPTOMETRISTS

NAME _____ Guests Names (add sheet if necessary)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ *EMAIL _____

***Confirmation will be sent to e-mail address listed**

Before 5/14/08 After 5/14/08

MOA Member (dues current)	\$295 _____	\$345 _____
Additional Adult Guests (for reception only)	\$35 _____	\$40 _____
Out of State OD (AOA Number _____)	\$295 _____	\$345 _____
Second-Year OD MOA Member (Grad '06) & Semi-Retired & Retired ODs (over age 70)	\$130 _____	\$130 _____
Non-MOA Member	\$395 _____	\$445 _____
Optometry Student or MOA Member graduated in 2007	no fee _____	no fee _____

Class Schedule

Friday, June 6

- 8:00- 10:00 a.m. Pharmacology Update, Dr. Leo Semes
- 10:00 a.m.-Noon Emerging Technologies in Ophthalmic Care, Dr. Leo Semes

Saturday, June 7

- 8:00-10:00 a.m. Evolving Trends in AMD, Dr. Leo Semes
- 10:00 a.m.-3:30 p.m. Third Party Conference
- 10:00 a.m.-Noon Cracking the Code to Fully Implementing the Medical Model, Dr. John M. Rumpakis
- 1:30-3:30 p.m. Super Grand Rounds, Dr. John M. Rumpakis

Additional Activities

Golf Tournament, Noon on Friday \$120 _____

(Names & handicaps of players _____)

REGISTRATION TOTAL: \$ _____

**2008 Combined Convention and Third Party Conference =
Savings of \$55 for member ODs over last year!**

MAKE CHECKS PAYABLE TO MOA AND MAIL TO:
141 EXECUTIVE DRIVE, SUITE 5, MADISON, MS 39110

Phone 601-853-4407 Fax 601-853-4408

www.mseves.com