



ALABAMA
OPTOMETRIC
ASSOCIATION

2015 Spring Seminar

Saturday, April 25, 2015

The Sheraton Birmingham

2101 Richard Arrington Junior Boulevard North, Birmingham, AL 35203



OPTOMETRIC
BUSINESS SOLUTIONS

5 hours of CE

All proceeds will go to ALOPAC



Joe DeLoach, OD, FAAO
*President of Optometric
Business Solutions*

8:30am-9:00am	Registration
9:00am-11:00am	Compliance: Can't I Just be a Doctor Anymore? (COPE 39930-PM) <i>Joe DeLoach, OD, FAAO</i>
11:00am-12:00pm	Audit Issues in Eye Care (COPE 41271-PM) <i>Joe DeLoach, OD, FAAO</i>
12:00pm-1:00pm	Lunch (<i>will be provided</i>)
1:00pm-3:00pm	ICD-10 (COPE 39997-PM) <i>Joe DeLoach, OD, FAAO</i>

ICD -10 is coming.

Are you ready?

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Registration Form

Send all payments to Alabama Optometric Association, 1043 Ambassador Court, Montgomery, AL 36117
or fax registration form with credit card information to 334-273-9681.

Please contact Teri Hatfield with questions 334-273-7895 or teri@alaopt.com.

Doctor Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

- | | |
|---|-------|
| <input type="checkbox"/> AOA/ALOA Member OD | \$150 |
| <input type="checkbox"/> Staff member (of AOA/ALOA Member OD <u>not</u> registered for seminar) | \$150 |
| <input type="checkbox"/> Staff person (of ALOA/AOA Member OD registered for seminar) | \$75 |
| <input type="checkbox"/> Non-member OD | \$300 |
| <input type="checkbox"/> Staff member (of non-member OD registered for seminar) | \$150 |
| <input type="checkbox"/> Staff member (of non-member OD <u>not</u> registered for seminar) | \$300 |

Method of payment: Check Visa MasterCard AMEX Discover

For check payments: Make payable to the Alabama Optometric Association.

For credit card payments:

Same address as above

Different address: _____

Card # _____ Exp Date _____

Signature _____

Please check here if you require special services at this meeting.