



Clinical Associate Enrollment Form

**Note – The name/address/website information you provide in Section 1 is the information that we use for the Google Map “Find a Doc” referral listing and/or delivery of all mail correspondence, enrollment benefit publications, billing, etc. If you want to specify a separate mailing address, see reverse side of this form.*

Section 1: Account Information*

Name of Company _____
Name of OD _____
Street Address _____
City _____ State/Province _____
Postal Code _____ Country _____
Phone _____ Email Address (required) _____
Website _____ School/Year of Graduation _____

Section 2: Enrollment Categories (see reverse side for list of what is included with each category)

Select one of the following Enrollment Categories

Individual First Time = \$200 Standard Enrollment = \$385 Retired = \$100 \$ _____
 Practice First Time = \$300 Standard Enrollment = \$500 \$ _____
Name of 2nd individual (specify Therapist, OD, or other): _____ Email address: _____
 Resident Associate (please indicate site) _____ = \$175 \$ _____
 Faculty Associate* (please indicate school) _____ = \$205 \$ _____
* Requires a current & valid .edu email address _____
 Student Associate* (please indicate school/year of graduation) _____ = No Charge
* Requires a current & valid .edu email address _____
 Friend of OEP (please provide contact information in Section 1 above) Donation (specify amount here) \$ _____

Section 3: Optional Enrollment Add-Ons

Optometry & Visual Performance Print Subscription = USA \$95, International \$115 \$ _____
 Google Map Listing (additional office)** = \$120 \$ _____
** complete additional office information on reverse side of form
 Additional Individual(s) for Practice (3rd, 4th, etc.) = \$120 each \$ _____
Name of additional individual(s) at primary location—specify Vision Therapist, OD, or other: _____
 Donation – Your donation is important to the future of the profession! \$ _____
Please designate which fund you wish to donate to:
 Optometrists Change Lives™ Fund Research Fund 1928 Society (requires pledge of \$1928)

(OEP is a 501(c)(3) nonprofit organization. Your donations are tax-deductible to the extent allowed by law.)

Total \$ _____

Section 4: Payment

Payment: Check enclosed Paid Online Credit Card: American Express Visa MasterCard Discover
Card # _____ Expiration Date _____
Signature _____ Security Code _____

Please make check payable to **OEP Foundation** and return along with enrollment form to:
2300 York Road, Ste 113, Timonium, Maryland 21093
Phone 410.561.3791 Fax 410.252.1719
www.oepf.org

Google Map Listing – Additional Location (comes with purchase of additional Google Map Listing only)

Name of Practice _____
Name _____
Address _____
City _____ State/Province _____
Postal Code _____ Country _____
Phone _____ Email Address _____
Website _____

Preferred mailing address (delivery of all mail correspondence, curriculum publications, billing, order fulfillment, etc.)

Name of Practice _____ Please indicate if address is a residence - or - business
Name _____
Address _____
City _____ State/Province _____
Postal Code _____ Country _____
Phone _____

Enrollment Categories

INDIVIDUAL OPTIONS: **First Time Individual Enrollment \$200** **Standard Individual Enrollment \$385** **Retired \$100**

A retired individual enrollment includes:

- Print subscription to Optometry & Visual Performance Journal
- Automatic subscription to all OEP email notifications.
- ***NEW*** Access to the ICBO One global app

An individual enrollment includes:

- Welcome package for new associates.
- 2017 Optometrists Change Lives™ wall calendar and coupons
- One listing on the OEP Google Map on our website (lists your name, practice address, and pertinent contact information)
- All quarterly publications
- Automatic subscription to all OEP email notifications
- Automatic subscription to Optometry & Visual Performance Journal Online
- Discounted rates on OEP courses and event registrations for one individual
- ***NEW*** Access to the ICBO One global app, ***NEW*** Optometrists Change Lives™ screensaver, and ***NEW*** Certificate of Enrollment

PRACTICE OPTIONS: **First Time Practice Enrollment \$300** **Standard Practice Enrollment \$500**

Practice Enrollment provides for two individuals (this can be one optometrist and one therapist, or two optometrists) at one location. Add-ons can be purchased separately to accommodate more individuals or office locations. A practice enrollment includes:

- Welcome package for new associates (2)
- 2017 Optometrists Change Lives™ wall calendar and coupons (2)
- One location listing (with up to 2 associates listed) on the OEP Google Map on our website
- All quarterly publications (2 sets)
- Automatic subscription to all OEP email notifications for up to 2 associates
- Automatic subscription to Optometry & Visual Performance Journal Online for up to 2 associates
- Discounted rates on OEP courses and event registrations for both (2) associates
- ***NEW*** Access to the ICBO One global app for 2 associates, ***NEW*** Optometrists Change Lives™ screensaver, and ***NEW*** Certificate of Enrollment

ADDITIONAL OPTIONS:

Resident Associate \$175 : Includes all quarterly publications, 2017 Optometrists Change Lives™ wall calendar and coupons, automatic subscription to all OEP email notifications, Optometrists Change Lives™ screensaver , automatic subscription to Optometry & Visual Performance Journal Online, discounted rates on OEP courses & event registrations, and access to ICBO One global app!

Faculty Associate \$205 : You must provide a current & valid .edu email address. This is for current faculty located at educational institutions ONLY. Includes all quarterly publications, 2017 Optometrists Change Lives™ wall calendar and coupons, automatic subscription to all OEP email notifications, Optometrists Change Lives™ screensaver , automatic subscription to Optometry & Visual Performance Journal Online, discounted rates on OEP courses & event registrations, and access to ICBO One global app!

Student Associate – no charge : You must provide a current & valid .edu email address. This is for current students enrolled at educational institutions. Includes automatic subscription to email, automatic subscription to Optometry & Visual Performance Journal Online, Optometrists Change Lives™ screensaver, and discounted rates at applicable events.

Friend of OEP – donation : This category is perfect for non-optometrists such as patients, parents, educators, etc. who want to support the mission of OEP but do not require the standard enrollment benefits provided to OEP Clinical Associates. You will receive the 2017 Optometrists Change Lives™ wall calendar and email communications based on your level of interest. Donations collected go to the Optometrists Change Lives™ fund.