



# Clinical Associate Enrollment Form

*\*Note – The name/address 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. 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) \*\* Early bird valid until DEC 31, 2017 \*\*

Select one of the following Enrollment Categories

**1<sup>st</sup> Year Post-Graduate or Post-Residency** (please indicate school) \_\_\_\_\_ = \$250 \$ \_\_\_\_\_

**Individual**     Early Bird = \$395     Standard Enrollment = \$450     Retired = \$100    \$ \_\_\_\_\_

**Practice**     Early Bird = \$515     Standard Enrollment = \$575    \$ \_\_\_\_\_

Name of second individual: \_\_\_\_\_ Email address: \_\_\_\_\_

**Resident Associate** (please indicate site) \_\_\_\_\_ = \$175 \$ \_\_\_\_\_

**Faculty Associate\*** (please indicate school) \_\_\_\_\_ = \$225 \$ \_\_\_\_\_

\* 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    =  Individual, \$195     Institutional, \$395    \$ \_\_\_\_\_

Google Map Listing (additional office)\*\*    = \$120    \$ \_\_\_\_\_

**\*\* complete additional office information on reverse side of form**

Additional Individual(s) for Practice (3<sup>rd</sup>, 4<sup>th</sup>, 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:

Optimetrists 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     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](http://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 \_\_\_\_\_

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**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 \_\_\_\_\_

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## Enrollment Categories

**INDIVIDUAL OPTIONS:**    1<sup>st</sup> Year Post-Graduate \$250    Standard Individual Enrollment \$450    Retired \$100

A retired individual enrollment includes:

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

An individual enrollment and a 1<sup>st</sup> Year Post-Graduate or Post-Residency enrollment include:

- Welcome package for new associates.
- 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 – including ICBO 2018!
- Access to the ICBO One global app

**PRACTICE OPTIONS:**    Standard Practice Enrollment \$575

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)
- 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 – including ICBO 2018!
- Access to the ICBO One global app for 2 associates

**ADDITIONAL OPTIONS:**

**Resident Associate \$175** : Includes all quarterly publications, automatic subscription to all OEP email notifications, automatic subscription to *Optometry & Visual Performance Journal Online*, discounted rates on OEP courses & event registrations, and access to ICBO One global app!

**Faculty Associate \$225** : You must provide a current & valid .edu email address. This is for current active faculty located at educational institutions ONLY. Includes all quarterly publications, automatic subscription to all OEP email notifications, automatic subscription to *Optometry & Visual Performance Journal Online*, discounted rates on OEP courses & event registrations, and access to ICBO One global app! Please note, faculty do not receive a listing on the OEP Google Map on our website. If you also have a private practice and want that listed you must purchase that add-on.

**Student Associate – no charge** : You must provide a current & valid .edu email address. This is for current students enrolled at optometric education institutions ONLY. Includes automatic subscription to email, automatic subscription to *Optometry & Visual Performance Journal Online*, and discounted rates at applicable OEP 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 email communications based on your level of interest. Donations collected go to the Optometrists Change Lives™ fund.