



Clinical Associate Enrollment Form 20&\$

**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)

Select one of the following Enrollment Categories

1st Year Post-Graduate or Post-Residency (please indicate school) _____ = No Charge \$ 0

Individual Standard Enrollment = \$450 Retired = \$100 \$ _____

Practice Standard Enrollment = \$625 \$ _____

Name of second individual: _____ Email address: _____

Resident Associate (please indicate site) _____ = No Charge \$ 0

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 OEPP (please provide contact information in Section 1 above) Donation (specify amount here) \$ _____

Section 3: Optional Enrollment Add-Ons

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

** complete additional office information on reverse side of form

Additional Individual(s) for Practice (3rd, 4th, etc.) = \$125 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)

(OEPP 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
Or complete Credit card information and E-mail: Deloria.Walters@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: 1st Year Post-Graduate No Charge Standard Individual Enrollment \$450 Retired \$100

A retired individual enrollment includes:

- Automatic subscription to *Optometry & Visual Performance Journal Online*
- Automatic subscription to all OEPF email notifications.
- Biannual publications.

An individual enrollment include:

- Welcome package for new associates.
- One listing on the OEPF Google Map on our website (lists your name, practice address, and pertinent contact information)
- Automatic subscription to all OEPF email notifications
- Automatic subscription to *Optometry & Visual Performance Journal Online*
- Discounted rate of 10% on OEPF courses and RCS/PCS registrations for one individual!
- One newly published book yearly
- With first order placed receive one free book and one time free shipping
- Subsequent orders placed receive 5% discount

PRACTICE OPTIONS: _____ **Standard Practice Enrollment \$625** _____

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 OEPF Google Map on our website
- Automatic subscription to all OEPF email notifications for up to 2 associates
- Automatic subscription to *Optometry & Visual Performance Journal Online* for up to 2 associates
- Discounted rates of 10% on OEPF courses and RCS/PCS registrations for both (2) associates!
- (2 sets) of newly published book yearly
- With first order placed receive one free book and one time free shipping
- Subsequent orders placed receive 5% discount

ADDITIONAL OPTIONS:

Resident Associate \$175 : Includes one yearly newly published book, automatic subscription to all OEPF email notifications, automatic subscription to *Optometry & Visual Performance Journal Online*, discounted rates on OEPF courses & event registrations!

Faculty Associate \$225 : You must provide a current & valid .edu email address. This is for current active faculty located at educational institutions ONLY. Includes one yearly newly published book, automatic subscription to all OEPF email notifications, automatic subscription to *Optometry & Visual Performance Journal Online*, discounted rates on OEPF courses & event registrations! Please note, faculty do not receive a listing on the OEPF 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 OEPF events.

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