



# Clinical Associate Enrollment Form 20&1

*\*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

**1<sup>st</sup> Year Post-Graduate or Post-Residency** (please indicate school) \_\_\_\_\_ = No Charge \$ 0

**Individual** **Early Bird: \$420**       Standard Enrollment = \$450       Retired = \$100      \$ \_\_\_\_\_

**Practice** **Early Bird: \$600**       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 OEPF (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 (3<sup>rd</sup>, 4<sup>th</sup>, 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

(OEPF 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](mailto: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 \_\_\_\_\_

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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 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:

In return for your support, we offer you rewards like discounted registration at all our education offerings, discount to our products, your practice information listed on our global "Find an Optometrist" page, access to our CA only Community Forum board and much more!

Overview Rewards for Clinical Associates (CA):

CA with individual membership: 10% discount on all CE courses.

CA with a practice membership: 10% discount for all doctors and therapists in one office.

Priority registration to clinical curriculum courses, regional clinical seminars, etc.

Priority access to OVP articles before publication and Free online access to a compilation of historic OEPF publications.

Products:

One newly published book free book yearly.

One-time code at enrollment to give you a \$50 gift certificate for our courses or shop products.

**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 a newly published book yearly
- One-time code at enrollment to give you a \$50 gift certificate for our courses or shop products for each enrolled OD.

### 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 year we encourage you to scan the QR in our letter and donate a small amount to our student and research fund to allow us to enroll students and residents for free or at greatly reduced rate in our courses and to fund research projects. Donations collected go to the Optometrists Change Lives™ fund. **Text # 844-983-4107 and type in Support**