

Annual Education Program

June 9, 2017

The Aqua Turf Club • 556 Mulberry Street • Plantsville, CT

CSEP Administrators' Morning Program Boot Camp Coding

8am - 12:30pm

Registration Form

Fax to 860-567-3591 or Email debbiesborn36@yahoo.com

Name _____

Address _____

City _____ State: _____ Zip: _____

Telephone _____ Email Address _____

NAME OF PHYSICIAN MEMBER WHERE EMPLOYED (not practice name):

FEES

\$249.00 - Affiliated

(Employed by a physician who
is a CSEP member, State Society or AAO)
After April 1, 2017 \$349.00

\$429.00 - Non-Affiliated

(Employed by a physician who
is NOT a CSEP member, State Society or AAO)
After April 1, 2017 \$529.00

THIS MORNING PROGRAM INCLUDES BREAKFAST AND MORNING BREAK ONLY.

Accreditation Statement

The American Academy of Ophthalmology is accredited by the Accreditation Council for Continuing Medical Association to provide continuing medical education for physicians.

Designation Statement

The American Academy of Ophthalmology designates this educational activity for a maximum of 4 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

JCAHPO CE Credits

Ophthalmic allied health professionals receive 4.0 JCAHPO "A" CE Credits for completion of this course.

NBCOE CE Credits

The National Board for the Certification of Ophthalmic Executives (NBCOE) reviews the Codequest program of the American Academy of Ophthalmic Executives (AAOE) for COE Category A credit hours. All Category A activities yield a 1:1 credit ration for hours spent to hours earned. Visit asoa.org for more information.

You can scan this form and email with credit card information to debbiesborn36@yahoo.com

EARLY BIRD REGISTRATION DEADLINE APRIL 1, 2017

Please Note: Space is limited to the first 100 registrants

CSEP, 26 Sally Burr Road • P.O. Box 854 • Litchfield, CT 06759

Annual Education Program

June 9, 2017

The Aqua Turf Club • 556 Mulberry Street • Plantsville, CT
Administrators' Afternoon Program 12:30pm - 4:30 pm

Registration Form

Fax to 860-567-3591 or Email debbiesborn36@yahoo.com

Name _____

Address _____

City _____ State: _____ Zip: _____

Telephone _____ Email Address _____

NAME OF PHYSICIAN MEMBER WHERE EMPLOYED (not practice name):

FEES

\$79.00 - Affiliated

(Employed by a physician who
is a Society member, State Society or AAO)

After April 1, 2017 \$99.00

\$129.00 - Non-Affiliated

(Employed by a physician who
is NOT a Society member, State Society or AAO)

After April 1, 2017 \$149.00

THIS AFTERNOON PROGRAM INCLUDES LUNCH AND AFTERNOON BREAK ONLY.

This program has been submitted for approval of AAPC for 3.0 continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor. The Connecticut Society of Eye Physicians designates this educational activity for a maximum of 3.0 AMA PRA Category I Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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