



***Practice Management Institute – May 7, 2014  
Columbus State University Conference Center  
315 Cleveland Avenue  
Columbus, OH 43215***

The annual OOA Practice Management Institute (PMI) is an excellent team-building event for doctors and staff.

This year's PMI features two tracks: Track 1 will help staff focus on creating a great patient experience; Track 2 topics will focus on health care reform issues affecting optometry.

**Track 1 – Evolution of the Patient Experience, presented by Laurie Guest**

**Morning Session: Guest Encounter Audit**

**Afternoon Session: R-Formula Recipe**

**Track 2 – Health Reform Issues Affecting Your Practice**

**Morning Session: Dr. Jay Henry – Meaningful Use Stage 2**

**Afternoon Sessions:**

**Dr. Jason Miller – What You Need to Know About ICD-10**

**Dr. Terri Gossard – Ohio Legislative Update**

**Schedule**

**8:30 a.m. – Breakfast & Registration**

**9:30-11:30 a.m. – Morning Sessions, Tracks 1 and 2**

**11:30 a.m. – Lunch and Exhibitors**

**1:30 – 3:30 p.m. – Afternoon Sessions, Tracks 1 and 2**

**[See Registration and Fee Information on the next page](#)**

**Registration fee includes all course materials, continental breakfast and lunch.**

**Please complete the registration below by printing all information**

<b>One doctor or first staff member if attending alone</b>	<b>Select Track 1 or 2</b>	<b>Member Price</b>	<b>Non-Member Price</b>
Doctor's Name _____	___ 1 ___ 2	___ \$149	___ \$199
Staff Name _____	___ 1 ___ 2	___ \$149	___ \$199

**Each additional doctor or staff member**

Doctor's Name _____	___ 1 ___ 2	___ \$69	___ \$99
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Doctor's Name _____	___ 1 ___ 2	___ \$69	___ \$99
Doctor's Name _____	___ 1 ___ 2	___ \$69	___ \$99

Staff Name _____	___ 1 ___ 2	___ \$69	___ \$99
Staff Name _____	___ 1 ___ 2	___ \$69	___ \$99
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**Total Registration Fees** \$ \_\_\_\_\_

**Contact person's name and phone number:** \_\_\_\_\_ # (\_\_\_\_) \_\_\_\_\_

**Contact person's email address:** \_\_\_\_\_@\_\_\_\_\_

**Check #** \_\_\_\_\_

**Credit Card Information**

**CC:** \_\_\_ Visa \_\_\_ MC

**CC#** \_\_\_\_\_ **Expiration Date** \_\_\_\_/\_\_\_\_

**Mail this form and payment by April 25 to:**

**Ohio Optometric Association**

**P.O. Box 6036**

**Worthington, OH 43085**

**Questions?**

**Contact OOA: [info@ooa.org](mailto:info@ooa.org) or 800-874-9111**