

Annual Clinical Assembly of the AOCOO-HNS Foundation



Registration Brochure

MAY 5-9, 2010

HYATT REGENCY GRAND CYPRESS, ORLANDO, FL

EDUCATIONAL PROGRAM CHAIRS

**DARYL J.
ZELENAK, DO**
OPHTHALMOLOGY

**LIBBY J.
SMITH, DO**
OTOLARYNGOLOGY/
FACIAL PLASTIC SURGERY

American Osteopathic Colleges of Ophthalmology and
Otolaryngology-Head and Neck Surgery Foundation, Inc.

4764 Fishburg Road, Suite F - Huber Heights, OH 45424





94th Annual Clinical Assembly of the AOCOO-HNS Foundation

May 5-9, 2010 - Hyatt Regency Grand Cypress, Orlando, Florida

Monday, May 3rd

- 8:00am-9:00am, **AOBOO-HNS** Executive Committee Meeting, Orchid Room
- 9:00am-12:00noon, **AOBOO-HNS** Annual Board Meeting, Orchid Room
- 12noon-1:00pm, **AOBOO/AOCOO** Lunch
- 1:00pm-3:00pm, **AOBOO-HNS** Examiners Meeting, Orchid Room
- 1:00pm-3:00pm, **AOCOO-HNS** Executive & Finance Committee Meeting, Atrium Room #1436
- 3:00pm-5:00pm, **AOCOO-HNS** Foundation Board of Directors Meeting, Atrium Room #1435
- 5:30pm-6:30pm, **AOCOO/AOBOO** Combined Executive Boards Meeting, Atrium Room #1436

Tuesday, May 4th

- 7:00am-5:00pm, **AOBOO-HNS** Ophthalmology & Otolaryngology Oral Certifying Examinations
- 9:00am-10:00am, **AOCOO-HNS** Review of Organization and Board Procedures, Atrium Room #1435
- 10:00am-11:00am, **AOCO** Board Meeting, Atrium Room #1435
- 10:00am-11:00am, **AOCO-HNS** Board Meeting, Atrium Room #1436
- 11:30pm-3:30pm, **AOCOO-HNS** Board of Governor Lunch/Meeting, Atrium Room #1435
- 3:30pm-4:30pm, **AOCOO-HNS** Foundation Board of Directors Meeting (if needed), Atrium Room #1435

Wednesday, May 5th

- 7:00am-2:00pm, **AOBOO-HNS** Otolaryngology Oral Certifying Examination
- 7:30am-12:00noon, **AOBOO-HNS** Written Qualifying Examinations, Palm Ballroom
- 11:00am-8:00pm, **AOCOO-HNS Annual Clinical Assembly REGISTRATION**, Registration Area #4
- 12:00noon-3:00pm, **AOCOO-HNS Mandatory Combined Program Directors Workshop**, Regency Hall 8-9 (Lunch will be provided)

“Guide for Program Directors: How to Best Conduct Face-to-Face Program Director/Resident 6 Month Reviews” and “Resident Interview and Selection Process” - Presented by Franklin J. Medio, PhD.

Immediately following workshop, the Program Directors will hold individual breakout sessions from 3:00-4:00pm.

- 12:30pm-3:00pm, **AOBOO-HNS** Written Recertification Examinations, Palm Ballroom

- 3:00pm-5:30pm, **Educational Needs Review Committee** Meeting, Regency Hall 6
- 4:30pm-5:30pm, **Council of Regional Representatives** Meeting, Regency Hall 7
- 4:30pm-5:30pm, **Council of Residents and Fellows** Meeting, Regency Hall 5
- 6:30pm-8:30pm, **Opening Welcome Reception**, Upper Pool Deck

Thursday-Saturday, May 6th-8th

- 6:30am-4:30pm, Ophthalmology and Otolaryngology CME Courses and Workshops
- 7:00am-2:00pm, Technical Exhibits & Scientific Posters, Regency Hall 1-4
- 1:00pm-5:00pm, Optional Lecture Labs, Jacaranda Room

Saturday, May 8th

- 6:00pm-6:45pm, **PRESIDENT’S RECEPTION**, Grand Cypress Ballroom Foyer
- 7:00pm-10:00pm, **ANNUAL CEREMONIAL DINNER & AWARDS CEREMONY**, Grand Cypress Ballroom

Sunday, May 9th

- 6:30am-12:00noon, Ophthalmology and Otolaryngology CME Courses

Ophthalmology CME Breakdown (estimate)

Wednesday, 5/5/10	Program Directors Workshop	(3)
Thursday, 5/6/10	Educational Program	(7)
	OMT Workshop	(1.5)
	Financial Planning	(2)
	Limbal Relaxing Incisions	(3)
Friday, 5/7/10	Educational Program	(6)
	OCT, Visual Field/Glaucoma	(2)
	Marketing in Ophthalmology	(2)
	Financial Planning	(2)
Saturday, 5/8/10	Educational Program	(7)
	Endoscopic Cyclo-Photocoagulation	(2)
	Botox, Dysport, Latisse, Fillers	(2)
Sunday, 5/9/10	Educational Program	(4.5)
FOUR DAY TOTAL		(up to 34.5)

An ophthalmology attendee may earn up to a total of 34.5 hours by also attending afternoon workshops.

Otolaryngology CME Breakdown (estimate)

Wednesday, 5/5/10	Program Directors Workshop	(3)
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Thursday, 5/6/10	Educational Program	(7)
	OMT Workshop	(1.5)
	Financial Planning	(2)
	Sleep Medicine	(3)
	Videostroboscopy and Voice	(3)
Friday, 5/7/10	Educational Program	(6)
	Financial Planning	(2)
	Allergy and Sinus Management	(3)
	Phonmicrosurgery	(3)
Saturday, 5/8/10	Educational Program	(7)
	In-Office Ultrasound	(2)
	Facial Fat Grafting	(3)
Sunday, 5/9/10	Educational Program	(4.5)
FOUR DAY TOTAL		(up to 36.5)

An otolaryngology attendee may earn up to a total of 36.5 hours by also attending afternoon workshops.

PROGRAM PURPOSE: The AOCOO-HNS is committed to providing the highest quality continuing medical education by developing, monitoring and maintaining educational standards for ophthalmology, otolaryngology-head and neck surgery, facial plastic surgery, and otolaryngic allergy. Consistent with this goal is the recognition that continuing medical education for the Colleges is essential. This CME program sponsored by the AOCOO-HNS is designed to assist in keeping the members informed of pertinent new developments in the diagnostic and therapeutic aspects of patient care as it relates to evidenced-based medicine for ophthalmology, otolaryngology-head and neck surgery, facial plastic surgery, and otolaryngic allergy.

The scope of the programs offered are a result of recommendations by the AOCOO-HNS Board of Governors and Educational Needs Review Committee, as well as input from attendees course evaluation comments. The CME program is guided by the Educational Needs Review Committee. The AOCOO-HNS is accredited by the American Osteopathic Association to provide Category 1A continuing medical education.

CME GUIDELINES: Attendees of the 94th ACA will be required to sign in each day. Attendees are required to complete and sign a CME CREDIT STATEMENT for the educational course activities and optional workshops. The indicated number of credits as outlined by the attendee on the CME CREDIT STATEMENT will then be reported to the American Osteopathic Association.

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ATTENDEE REGISTRATION FORM

	MARK APPROPRIATE AREAS		
	If postmarked on or before March 8, 2010	If postmarked March 9th thru April 5th, 2010	If postmarked after April 6th OR at ACA Registration
WEDNESDAY THROUGH SUNDAY (ACA Registration opens Wednesday, May 5th at 11:00am)	COST enclosed	COST enclosed	COST enclosed
<input type="checkbox"/> AOCOO-HNS MEMBER/FELLOW	\$665.00 \$ _____	\$695.00 \$ _____	\$725.00 \$ _____
<input type="checkbox"/> SENIOR OR RETIRED MEMBER	\$332.50 \$ _____	\$347.50 \$ _____	\$362.50 \$ _____
Includes: OPENING RECEPTION with Cash Bar Continental BREAKFAST Thursday thru Sunday LIGHT LUNCHESES Thursday thru Saturday COFFEE BREAKS Thursday thru Sunday PRESIDENT'S RECEPTION/CEREMONIAL DINNER Registration Packet and Educational Material		RESERVED DINNER SEATING for Board Members and and Dignitaries ONLY. Open seating for all other attendees. <i>List members/spouses to be seated with you in reserved seating section.</i>	
<input type="checkbox"/> GUEST ATTENDEE (D.O. OPH or ENT Non-Member)	\$975.00 \$ _____		
Includes: Same as listed above.			
<input type="checkbox"/> GUEST ATTENDEE (Other Non-Member)	\$775.00 \$ _____	\$805.00 \$ _____	\$835.00 \$ _____
Includes: Same as listed above.			
# EXTRA TICKETS FOR SPOUSE/GUEST	COST PER TICKET		
<input type="checkbox"/> 1. Opening Reception with Cash Bar	\$ 75.00 \$ _____		
<input type="checkbox"/> 2. Banquet Reception/Ceremonial Dinner	\$135.00 \$ _____		
TOTAL ENCLOSED	\$ _____		

<p align="center">FOUNDATION CONTRIBUTION:</p> <p><input type="checkbox"/> Yes, I would like to include a contribution of:</p> <p><input type="checkbox"/> \$100.00 <input type="checkbox"/> \$250.00 <input type="checkbox"/> \$500.00 <input type="checkbox"/> \$750.00</p> <p><input type="checkbox"/> \$1,000.00 <input type="checkbox"/> Other: _____</p>

<p><input type="checkbox"/> AOCOO-HNS RESIDENT</p> <p>Includes: OPENING RECEPTION with Cash Bar Continental BREAKFAST Thursday thru Sunday LIGHT LUNCHESES Thursday thru Saturday COFFEE BREAKS Thursday thru Sunday Registration Packet and Educational Material</p> <p align="center">NO CHARGE (MUST purchase ticket for Banquet Reception/Ceremonial Dinner, see EXTRA TICKETS below)</p> <p>TICKET FOR RESIDENT _____ Banquet Reception/Ceremonial Dinner \$ 75.00 \$ _____</p> <p>TICKET FOR RESIDENT'S SPOUSE/GUEST _____ Opening Reception with Cash Bar \$ 55.00 \$ _____</p> <p>TICKET FOR RESIDENT'S SPOUSE/GUEST _____ Banquet Reception/Ceremonial Dinner \$ 75.00 \$ _____</p> <p><input type="checkbox"/> RESIDENT other specialty, Intern or Student NO CHARGE</p> <p>Includes: Same as listed under AOCOO-HNS RESIDENT</p> <p align="right">RESIDENT TOTAL ENCLOSED \$ _____</p>	<p align="center">RESIDENT TRAVEL GRANTS</p> <p><i>Residents MUST register and attend the AOCOO-HNS Annual Clinical Assembly to receive the travel grant. Fill-out the bottom portion of this form. RESIDENTS MUST SUBMIT TRAVEL GRANT APPLICATION FORM SIGNED BY THE PROGRAM DIRECTOR.</i></p>
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REFUND POLICY: Cancellation for any reason must be submitted in writing (email is acceptable): Before March 1, 2010, full refund - Before March 31, 2010, refund less 10% - Before April 15th, 2010, refund less 30% - After April 15th, 2010, no refund. Special circumstances are taken into consideration.

RETURN REGISTRATION FORM WITH YOUR CHECK OR CREDIT CARD INFORMATION TO:
AOCOO-HNS Foundation, 4764 Fishburg Road, Suite F, Huber Heights, OH 45424 OR **Fax 937-233-5673**

METHOD OF PAYMENT: Check payable: **AOCOO-HNS FOUNDATION**

PLEASE PRINT LEGIBLY Credit Card: VISA MasterCard Discover AmericanExpress

Name _____ Acct. # _____

Address _____ Exp. Date _____ 3-4 digit security code _____

City _____ Signature _____

State _____ Zip _____

Telephone (_____) _____ AOA# _____ **SPECIALTY (check appropriate or write in other)**

Email _____ Ophthalmology Otolaryngology Facial Plastic Surgery

_____ Other Specialty _____

Guest rooms can be arranged by contacting Hyatt reservations at **800-233-1234** or **www.hyattgrandcypress.com** (Group/Corporate Code: **G-AOCO**). Rates per night are **\$185.00* Single/Double Occupancy**. Hyatt will release unsold rooms on April 15, 2010. Reservations made after April 15th will be confirmed by the Hyatt subject to space and rate availability.

**Reservations at the group rate cannot be guaranteed by the AOCOO-HNS.*



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OPHTHALMOLOGY WORKSHOPS

<input type="checkbox"/> Mandatory Program Directors Workshop Sponsored by AOCOO-HNS Council of Medical Education	Franklin Medio, PhD	Wed., May 5th - 12:00noon-3:00pm # of attendees: _____
<input type="checkbox"/> Osteopathic Manipulative Therapy Sponsored by AOCOO-HNS Foundation	American Academy of Osteopathy	Thurs., May 6th - 2:30-4:00pm # of attendees: _____
<input type="checkbox"/> Financial Planning Fee: NO CHARGE (This informational workshop does not offer CMEs)	Gary Droz	Thurs., May 6th - 2:30-4:30pm # of attendees: _____
<input type="checkbox"/> Limbal Relaxing Incisions Fee: \$75.00*	David Gossage, DO	Thurs., May 6th - 2:30-5:30pm # of attendees: _____ \$ _____
<input type="checkbox"/> OCT, Visual Field Interpretation in Glaucoma Fee: \$75.00*	Donald Budenz, MD, MPH	Fri., May 7th - 2:30-5:30pm # of attendees: _____ \$ _____
<input type="checkbox"/> Marketing in Ophthalmology Fee: \$75.00*	Robert Stein, DO	Fri., May 7th - 2:30-5:30pm # of attendees: _____ \$ _____
<input type="checkbox"/> Financial Planning Fee: NO CHARGE (This informational workshop does not offer CMEs)	Gary Droz	Fri., May 7th - 2:30-4:30pm # of attendees: _____
<input type="checkbox"/> Botox, Dysport, Latisse and Facial Fillers Fee: \$75.00*	Sirtaz Sibia, DO and Neil Persaud, DO	Sat., May 8th - 2:30-4:30pm # of attendees: _____ \$ _____
<input type="checkbox"/> Endoscopic Cyclo-Photocoagulation Fee: \$75.00*	Leslie K. Norris, DO	Sat., May 8th - 2:30-4:30pm # of attendees: _____ \$ _____
		WORKSHOP TOTAL: \$ _____

OTOLARYNGOLOGY WORKSHOPS

<input type="checkbox"/> Mandatory Program Directors Workshop Sponsored by AOCOO-HNS Council of Medical Education	Franklin Medio, PhD	Wed., May 5th - 12:00noon-3:00pm # of attendees: _____
<input type="checkbox"/> Osteopathic Manipulative Therapy Sponsored by AOCOO-HNS Foundation	American Academy of Osteopathy	Thurs., May 6th - 2:30-4:00pm # of attendees: _____
<input type="checkbox"/> Financial Planning Fee: NO CHARGE (This informational workshop does not offer CMEs)	Gary Droz	Thurs., May 6th - 2:30-4:30pm # of attendees: _____
<input type="checkbox"/> Sleep Medicine Fee: \$75.00*	Donald Sesso, DO	Thurs., May 6th - 2:30-5:30pm # of attendees: _____ \$ _____
<input type="checkbox"/> Videostroboscopy and Dynamic Voice Evaluation in the Treatment of Voice Disorders Fee: \$75.00*	Libby Smith, DO	Thurs., May 6th - 2:30-5:30pm # of attendees: _____ \$ _____
<input type="checkbox"/> Financial Planning Fee: NO CHARGE (This informational workshop does not offer CMEs)	Gary Droz	Fri., May 7th - 2:30-4:30pm # of attendees: _____
<input type="checkbox"/> Allergy and Sinus Management / Treatment Fee: \$75.00*	Mahmoud Ghaderi, DO & Panel Participants	Fri., May 7th - 2:30-5:30pm # of attendees: _____ \$ _____
<input type="checkbox"/> Pearls and Pitfalls of Phonomicrosurgery Fee: \$75.00*	Libby Smith, DO	Fri., May 7th - 2:30-5:30pm # of attendees: _____ \$ _____
<input type="checkbox"/> Botox, Dysport, Latisse and Facial Fillers Fee: \$75.00*	Sirtaz Sibia, DO and Neil Persaud, DO	Sat., May 8th - 2:30-4:30pm # of attendees: _____ \$ _____
<input type="checkbox"/> In-Office Ultrasound Fee: \$75.00*	Brian Mitchell, DO	Sat., May 8th - 2:30-4:30pm # of attendees: _____ \$ _____
<input type="checkbox"/> Facial Fat Grafting & Laser Skin Resurfacing Fee: \$75.00*	Kevin Sadati, DO and Anthony Corrado, DO	Sat., May 8th - 2:30-5:30pm # of attendees: _____ \$ _____
		WORKSHOP TOTAL: \$ _____

**THERE ARE NO WORKSHOP FEES FOR MEDICAL STUDENTS, INTERNS, CURRENT RESIDENTS AND THOSE IN POST-RESIDENCY FELLOWSHIPS. DUE TO THE LIMITED NUMBER OF PARTICIPANTS IN WORKSHOPS, STUDENTS, INTERNS, RESIDENTS AND POST-RESIDENCY FELLOWS ARE ASKED TO PRE-REGISTER (fill out this workshop registration form and fax to 937-233-5673 with your ACA registration form).*

WORKSHOP REGISTRATION

PLEASE PRINT LEGIBLY

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Resident Registering: *Training Program: _____

Method of Payment: Check payable to: AOCOO-HNS OR Credit Card: VISA MasterCard Discover AmericanExpress

Acct. # _____ Exp. Date _____ 3-4digit security code _____

Signature _____