# National Meeting Registration

Invest a weekend fully engaged with some of independent optometry's best and brightest. Your weekend meeting includes:

- Lodging (2 nights)
- Network reception
- Presentations
- Instructors and facilitators
- Training materials
- Saturday evening dinner
- Peer groups and wisdom sharing-meetings

Meeting Price $2495.00
Sponsored Grant $2495.00
Your Meeting Fee $0

## A Tell us about your practice

(all information is required for application to be processed)

Name: ______

Practice Address: ______

City: ______ State: ______ Zip: ______

Business Phone: ______ Fax: ______

Add'l Phone #: ______ Email: ______

1. This year's anticipated revenue: ______
2. Number of practice locations: ______
3. % of practice you currently own: ______
4. Names of other practice principals:
5. Spouse: ______ (If applicable)
6. How many doctors practice in each category?
   Owner O.D.s ____ Employed O.D.s ____
   Owner M.Ds ____ Employed M.Ds ____
7. How many staff members are employed by your practice?
   Full Time ______ Part Time ______
8. Communication preference: ☐ Fax ☐ Mail ☐ Email

## B Please select one of the following:

☐ I am able to decide independently if I would like to become a member of Cleinman Performance Network.

☐ I will need to consult with a partner regarding the decision to become a member of Cleinman Performance Network.

☐ I will need to consult with my spouse or other personal relation regarding the decision to become a member of Cleinman Performance Network.

Upon Cleinman Performance Network **acceptance** of this registration, the above signed Applicant will be entitled to received $2,495 in grant funding applicable only towards a meeting of Cleinman Performance Network. **You are required to attend the entire meeting to qualify for this grant.**

***Cancellation Policy:** Your commitment to attend has filled one of the available seats. If you fail to attend, your credit card will be charged $995. Exceptions will be limited to unforseen emergency circumstances.

## Select A Meeting

**YES!** I will be attending the following Cleinman Performance Network meeting:

Select A Meeting in Dallas, TX

☐ **April 16 - 18, 2010** ☐ **May 14 - 16, 2010**

Select A Meeting in Chicago, IL

☐ **July 23 - 25, 2010** ☐ **August 27 - 29, 2010**

## What You Need To Do

1. **Select** a meeting date from the choices above.
2. **Completely** fill out this registration and email or fax it back to us at **607-431-1093**.
3. **You are responsible** for your transportation to and from the meeting. The Dallas meeting will be held at the Hilton DFW Lakes in Grapevine, TX. It is located near the Dallas Fort Worth International Airport. The Chicago meeting will be held at the Westin O'Hare, Rosemont, IL located near the O'Hare International Airport. Complimentary shuttle service will be provided.
4. **Meetings** begin at **6:45 pm Friday** and end at **2:30 pm on Sunday**. There is an **optional** symposium that begins **Friday at 2 pm**, you are welcome to attend. Go to www.cleinman.com/education for more information.
5. **Sign and date below.** Your signature reserves a seat at the meeting you selected.

## C Please provide payment information*

☐ Visa ☐ Mastercard ☐ Amex Security code (back of card) ______

Card number ______

Signature: ______ Date: ______

Submit Form | Print Form

Please return completed form via fax or email to:
Attn: Diane Tisserand, Grant Coordinator, Cleinman Performance Partners
Fax: 607-431-1093
Email: dtisserand@cleinman.com
Phone: To apply by phone please call Diane at 1-800-331-5536

Grants for Cleinman Performance Network meetings are provided in part from:

HOYA