



Meeting Registration

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

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

Meeting Price \$2495⁰⁰

Sponsored Grant \$2495⁰⁰

Your meeting fee \$0

(all information is required for application to be processed)

A Tell us about your practice

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: _____ (If applicable) 4. Names of other practice principals: _____

5. Spouse: _____

6. How many doctors practice in each category? _____

Owner O.D.s _____ Employed O.D.s _____ 7. How many staff members are employed by your practice? _____

Owner M.D.s _____ Employed M.D.s _____ 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.

Grants for Business Development Weekends are provided in part from a sponsor pool



*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 unforeseen emergency circumstances.

Upon Cleinman Performance Network **acceptance** of this registration the signed Applicant is entitled to received \$2495 in grant funding applicable only towards a Business Development Weekend. **You are required to attend the entire meeting to qualify for this grant.**

Select A Meeting

YES! I will be attending the following Business Development Weekend

_____ September 18-20, 2009

What You Need To Do

- Select** a meeting date from the choices above.
- Completely** fill out this registration and email or fax it back to us at **607-431-1093**.
- You are responsible** for your transportation to and from the meeting at the Westin O'Hare in Rosemont, IL located near the O'Hare International Airport. Complimentary shuttle service will be provided.
- Meetings begin** at 6:45 pm Friday and end at 4:00 pm on Sunday. There is an optional Dry Eye symposium that begins Friday at 1pm. You are welcome to attend. Contact Diana Parker for more information at 1-800- 331-5536
- Sign and date below.** Your signature reserves a seat at the meeting you selected.

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

C Please provide payment information*

Visa Mastercard Other Security Code _____

Card Number _____

Attendee Authorization: _____ Date: _____

Your Flight Confirmation# _____

Submit Form

Print Form