

Practice Management Institute +

Wednesday April 18th

Westin Downtown Columbus

8:00-3:30 p.m.

www.ooa.org



OHIO
OPTOMETRIC
ASSOCIATION

Agenda

8:00 — Registration Opens and Breakfast
9:00 — New Technology Trends to Patient Access
10:00 — Morning Session #1
11:00 — Break and Exhibitors
11:15 — Morning Session #2
12:15 — Lunch and time with Exhibitors
1:20 — Afternoon Session #1
2:30 — Afternoon Session #2
3:30 — Closing

Exhibitors (as of 03/13/18)

ABB Optical Group
Alcon Vision Group
CenterVue, Inc.
Cincinnati Insurance Company
CSEye
Granville Investment Group
Interstate Optical
Marco
Optics, Inc.
OptoVue
Precision Instruments, Inc.
SynergEyes

Course Offerings: (Please visit www.ooa.org to learn more about each course)

Morning Session #1 (10:00—11:00)

- ◆ When Patients on Street Drugs Invade our Exam Chair—Joan Nerderman, OD
- ◆ Take Your Practice to the Next Level—Steve Vargo, OD
- ◆ The New Social Media—Justin Bazan, OD
- ◆ Quality Reporting—Ms. Ann Bina

Morning Session #2 (11:15—12:15)

- ◆ Contact Lens Profitability—Justin Bazan, OD
- ◆ The Science of Selling: The Psychology Behind Why People Buy—Steve Vargo, OD
- ◆ Retirement Plans for Small Businesses - Ryan Mills
- ◆ Coding and Billing Challenges—Ms. Ann Bina

Afternoon Session #1 (1:20 – 2:20)

- ◆ Serenity Now! Reduce Stress and Conflict in the Workplace—Steve Vargo, OD
- ◆ How to Earn More 5 Star Reviews—Justin Bazan, OD
- ◆ MACRA/MIPS: Everything you Need to Know to Succeed—Jay Henry, OD
- ◆ Realeyes Educational Training

Afternoon Session #2 (2:30—3:30)

- ◆ Are You a Top Preformer—Steve Vargo, OD
- ◆ MACRA/MIPS: Everything you Need to Know to Succeed—Jay Henry, OD
- ◆ Realeyes Educational Training

Register at www.ooa.org or Fax Registration Forms to: (614-781-6521)

Registration for PMI (LIST LAST NAME OF PRESENTER)

OD Name 1: _____

Email _____

OD Name 2: _____

Email _____

OD Name 3: _____

Email _____

Staff Name 1: _____

Email _____

Staff Name 2: _____

Email _____

Staff Name 3: _____

Email _____

Price Breakdown

OOA OD Member — \$149.00 X _____ = _____

OD Non-Member — \$249.00 X _____ = _____

1st Staff Member — \$149.00 X _____ = _____

Additional Staff — \$69.00 X _____ = _____

Total \$ _____



Check to participate in Optometry Day at the Statehouse

Payment Type: Check (Payable to OOA)

Credit Card Credit Card Number:

Exp. Date: _____ Security Code _____

Name on Credit

Card: _____

Signature:
