# Oregon Academy of Ophthalmology 2020 POST GRADUATE CONVENTION

March 13-14, 2020 | World Forestry Center | Portland, OR







## You are Invited to Exhibit at the Oregon Academy of Ophthalmology Post Graduate Convention!

This live activity is scheduled for Friday and Saturday, March 13-14, 2020 at the World Forestry Center, 4033 SW Canyon Road, Portland, Oregon 97221. Our annual CME conference attracts ophthalmology physicians and residents and ophthalmic techs from the Pacific Northwest and provides exhibitors with many opportunities for direct physician contact in a relaxed atmosphere. This year's conference will feature five speakers discussing a wide range of topics in the areas of Glaucoma, Oculoplastics, Cornea, Pediatrics and World Eyecare. A draft agenda is included.

Exhibitors may choose a 4-foot or 6-foot table. Your registration fee includes entrance to the President's Reception on Friday night, your exhibitor space, two chairs, table and linens, as well as breakfast, lunch, snacks and beverages on Friday and Saturday for two exhibitors. You may register extra exhibitors for an additional fee. Your company name will appear on our conference program and you will also receive a complete list of conference attendees.

To participate in our conference, please register online at <a href="https://www.oregoneyephysicians.org/pgc-exhibitor-registration/">https://www.oregoneyephysicians.org/pgc-exhibitor-registration/</a> or complete and return the attached Registration Form and Agreement for Commercial Support documents. We look forward to seeing you at the 2020 Post Graduate Convention!

#### EXHIBITOR SET-UP SCHEDULE

Thursday, March 12, 2020 2:00-5:00PM Friday, March 13, 2020 7:00-7:30AM

#### **SHIPPING:**

Items may be shipped to the World Forestry Center on THURSDAY, MARCH 12<sup>th</sup> ONLY!!

World Forestry Center, Merlo Hall, Attn: Shelley Shirley, OAO-PGC,

4033 SW Canyon Rd, Portland, OR 97221

## FRIDAY, MARCH 13, 2020 DRAFT AGENDA

8:00 AM	President's Welcome	Jennifer Lyons, MD		
8:05 AM	Multidisciplinary Management of Orbital Vascular Malformations	Dan Rootman, MD		
8:45 AM	Botulinum Toxin Use in Strabismus	Alejandra de Alba Campomanes, MD		
9:25 AM	Making the DREAM Come True!	Penny Asbell, MD		
10:05 AM	BREAK AND EXHIBITOR VISITS			
10:25 AM	Journal Club: What's Happened Since OHTS?	Jonathan Myers, MD		
11:05 AM	Patient Heterogeneity & Multimodality Management in Thyroid Eye Disease	Dan Rootman, MD		
11:45 AM	ANNUAL BUSINESS MEETING			
12:00 PM	LUNCH			
1:00 PM	Management of the Adult Strabismus Secondary to Ocular Surgery	Alejandra de Alba Campomanes, MD		
1:40 PM	Vision 2020 USA	Mitchell Brinks, MD		
2:40 PM	BREAK AND EXHIBITOR VISITS			
3:00 PM	Glaucoma: New Algorithms & Depot Meds	Jonathan Myers, MD		
3:40 PM	Ptosis Physiology & Mechanisms of Repair	Dan Rootman, MD		
4:20 PM	Herpes Zoster & the ZEDS Study	Penny Asbell, MD		
5:00 PM	PRESIDENT'S RECEPTION IN THE DISCOVERY MUSEUM			
SATURDAY, MARCH 14, 2020 DRAFT AGENDA				
7:30 AM	BREAKFAST BUFFET SERVED IN EXHIBITOR HALL			
8:00 AM	MIGS: Which Surgery for Which Patient for Which Surgeon?	Jonathan Myers, MD		
8:40 AM	Cross-linking for Keratoconus & Corneal Infections	Penny Asbell, MD		
9:20 AM	WORKSHOP: Coma Conundrums	Jonathan Myers, MD		
10:20 AM	BREAK AND EXHIBITOR VISITS			
10:35 AM	WORKSHOP: Challenging Cornea Cases	Penny Asbell, MD		
11:35 AM	Five things you always wanted to know about Strabismus but were afraid to ask	Alejandra de Alba Campomanes, MD		
12:15 PM	LUNCH			
12:45 PM	WORKSHOP: Orbital Cases	Dan Rootman, MD		
1:45 PM	WORKSHOP: Strabismus Cases	Alejandra de Alba Campomanes, MD		
2:45 PM	ADJOURN			

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## **EXHIBITOR REGISTRATION FORM**

Company Name	Date		
Primary Contact	Title		
Address			
City/State/Zip			
Phone	E-mail		
	NAMES FOR EXHIBITOR BADGES*		
1	2		
3.	4		
	*Please attach a list of additional representatives		
Do you require	electricity for your display? 🗆 YES 🕒 NO		
Product/Service	to be displayed:		
☐ Check this box	x if you will have large machinery or other products that may not be displayed on your 6' table.		
Please explain so	that we may accommodate you:		
	Please indicate any companies you do NOT want to be located next to [i.e., competitor]:		
1	2		
	<b>REGISTRATION FEES</b> (includes 2 representatives): ☐ 4 Foot Table \$1,200   ☐ 6 Foot Table \$1,500 \$100 each additional representative   Number of Additional Representatives (over 2)		
	TOTAL FEES:		
	Register Online or return this form and signed <u>Agreement for Commercial Support</u> with payment to 8 N State Street, Suite 200   Lake Oswego, OR 97034 or FAX forms to 503-210-1533.		
Card #	Exp Date		
Name on Card _	CVV		
Billing Address _			
	signature below signifies that the company representative has read and agrees to abide by all Oregon ademy of Ophthalmology exhibit practices and regulations (see Agreement for Commercial Support.)		
Signature	Title		

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### **Agreement for Commercial Support through Exhibit Display**

The Oregon Academy of Ophthalmology [OAO] is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, the OAO has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities.

The **Commercial Supporter** and **OAO** agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support of Continuing Medical Education.

#### Independence

- This activity is for scientific and educational purposes only, and will not promote any specific proprietary business interest of the Commercial Supporter.
- OAO is responsible for all decisions regarding the identification of educational needs, determination of educational
  objectives, selection and presentation of content, selection of all persons and organizations that will be in a position
  to control the content of the CME, selection of educational methods, and the evaluation of the activity.

#### **Appropriate Use of Commercial Support**

- OAO will make all decisions regarding the disposition and disbursement of the funds from the Commercial Supporter.
- The Commercial Supporter will not require OAO to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
- All commercial support associated with this activity will be given with the full knowledge and approval of OAO.
- No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.

#### **Commercial Promotion**

- Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. Live or enduring promotional activities must be kept separate from the CME activity.
- Promotional materials may not be displayed or distributed in the education space immediately before, during or after a CME activity.
- Commercial Supporters may not engage in sales or promotional activities while in the space or place of the CME activity. The Commercial Supporter may not be the agent providing the CME activity to the learners.

#### **Disclosure**

• OAO will ensure that the source of support from the Commercial Supporter is disclosed to the participants in program brochures at the time of the activity. This disclosure will not include the use of a trade name or a product-group message.

Hold Harmless Clause: Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend and save the Oregon Academy of Ophthalmology and their employees and agents harmless against all claims, losses and damages to persons and property, governmental charges or fines and attorney's fees incurred by this exhibit. All personal property of the exhibitor shall be and remain at the exhibitor's sole risk. Small or easily portable objects of value should be properly secured or removed after exhibition hours and placed in safekeeping.

	Commercial Interest	Oregon Academy of Ophthalmology
Company Name:		Name: Shelley Shirley
Signature:		Signature:
Title:		Title: Director of Events & Membership
Date:		Date: