2008 Summer Symposium
August 7-10, 2008
Providence, RI
Women in Ophthalmology thanks VISTAKON PHARMACEUTICALS, LLC for supporting the WIO.
Women in Ophthalmology would like to thank the following supporters and exhibitors for their generous financial support:

Advanced Medical Optics, Inc.
Alcon
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Vistakon

Exhibitors

Advanced Medical Optics, Inc
New World Medical, Inc.
Novartis
Ophthalmic Mutual Insurance Company
Optonal, Inc.
Chace and Associates Technologies, LLC
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Providence: “Something good and unusual”

When something good and unusual happens to you, some call it “providence,” and this second Women in Ophthalmology Leadership Summit will definitely be unique and offer perspectives and education about important issues for women in ophthalmology that you won’t find many places. Providence, Rhode Island is the first east coast venue for Women in Ophthalmology and we are sure it will provide a wonderful environment for our special meeting. One of the first cities established in the US, also known as the Renaissance City, Providence, Rhode Island is “easy to reach and hard to forget!”

“Providence” can also mean “foresight shown by a person in the management of her affairs,” and over the next few days, you will attend didactic sessions specifically designed to improve your leadership skills and expand your abilities to navigate your career path in ophthalmology with you in the driver seat. With topics ranging from honing your negotiation tactics to recognizing the importance of emotional intelligence and understanding genderspeak, each of the talks with provide critical knowledge that will add to your leadership armamentarium and help you to reach your full potential as a leader.

We are also honored to have some very special speakers including Marguerite McDonald, MD and Julia Haller, MD. These women have risen to the top of their professional fields and we are grateful to them for taking time out of their busy lives to join us here this weekend and to share with us their thoughts on leadership and personal development based on their vast and varied experiences. We know that you will enjoy hearing about the career paths of all of our speakers and will both understand and appreciate the challenges and triumphs of our colleagues as we all seek to carve our own path and fulfill our potential. The sky is truly the limit! This year we are collaborating with the Ophthalmology Women Leaders (OWL) who will be hosting very interesting sessions. We welcome our OWL colleagues and hope that you all take advantage of this special networking opportunity.

In addition to the lectures and panel discussions, we have arranged for several extra-curricular events we hope you will enjoy. There are daily off-site activities for which you may register and we hope you enjoy all of our planned events from a tour of the Newport mansions to the traditional Lobsterbake. We trust that you will enjoy the surroundings. The Italian Festival and many local restaurants offer cuisine options for all palates. Providence is one of the hottest culinary spots in the country. Providence is home to the world’s largest culinary educator, Johnson & Wales University and Providence has more degree chefs per capita than any other city in the US. From authentic ethnic foods to seafood fresh from Narragansett Bay, the city offers a dazzling array of restaurants! In addition, we left plenty of time for you to explore Providence and its surroundings in whatever ways your interests dictate.

On behalf of my co-chairs, Drs. Lynn Gordon and Eydie Miller-Ellis, and the program committee, I wish you a fulfilling and enjoyable stay in Providence. Should you have any questions, do not hesitate to contact any of us. We hope you find your time here well spent, and that you come away feeling you have gained useful leadership skills that will help to transform your own lives and those of your patients.

Janine Austin Clayton, MD (Formerly Janine Smith)
Program Chair 2008
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<tr>
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<td>Consultant fee, paid advisory boards or fees for attending a meeting (for the past 1 year)</td>
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<td>Patents and/or royalties that might be viewed as creating a potential conflict of interest</td>
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<td>Grant Support</td>
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<td>Grant support for the past 1 year (all sources) and all sources used for this project if this form is an update for a specific talk or manuscript with no time limitation</td>
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### THURSDAY, AUGUST 7, 2008

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<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>3:00 pm – 9:00 pm</td>
<td>Registration Open</td>
<td>Registration Office</td>
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<tr>
<td>3:00 pm – 6:00 pm</td>
<td>Exhibits Open</td>
<td>Symphony Foyer</td>
</tr>
<tr>
<td>7:00 pm – 8:00 pm</td>
<td>Networking Session</td>
<td>Symphony A</td>
</tr>
<tr>
<td>8:00 pm – 9:30 pm</td>
<td>Opening Reception</td>
<td>Symphony A</td>
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### FRIDAY, AUGUST 8, 2008

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
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<tbody>
<tr>
<td>6:00 am – 7:00 am</td>
<td>Optional Activity - Yoga</td>
<td>Haydn Room (Temple Level)</td>
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<tr>
<td>7:00 am – 7:30 am</td>
<td>Continental Breakfast</td>
<td>Symphony Foyer</td>
</tr>
<tr>
<td>7:00 am – 2:00 pm</td>
<td>Registration Open</td>
<td>Registration Office</td>
</tr>
<tr>
<td>7:00 am – 12:00 pm</td>
<td>Exhibits Open</td>
<td>Symphony Foyer</td>
</tr>
<tr>
<td>7:45 am – 7:50 am</td>
<td>Welcome</td>
<td>Symphony B</td>
</tr>
<tr>
<td>7:45 am – 12:00 pm</td>
<td>WIO and OWL Joint Session</td>
<td>Symphony B</td>
</tr>
<tr>
<td>9:00 am – 9:15 am</td>
<td>Group and Board Photos</td>
<td></td>
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<tr>
<td>12:00 pm – 1:30 pm</td>
<td>Lunch - Bernice Brown, MD Memorial Lectureship</td>
<td>Symphony A</td>
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<tr>
<td>2:00 pm – 6:00 pm</td>
<td>Optional Activity - Newport Tour</td>
<td></td>
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<tr>
<td>6:00 pm – 9:30 pm</td>
<td>Offsite Reception and Dinner</td>
<td>Hyatt Newport</td>
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### SATURDAY, AUGUST 9, 2008

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>6:00 am – 7:00 am</td>
<td>Optional Activity - 3K Run/Walk</td>
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<tr>
<td>7:00 am – 1:30 pm</td>
<td>Registration Open</td>
<td>Registration Office</td>
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<tr>
<td>7:00 am – 12:00 pm</td>
<td>Exhibits Open</td>
<td>Symphony Foyer</td>
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<tr>
<td>7:30 am – 9:00 am</td>
<td>Emotional Intelligence and Gender in</td>
<td>Symphony B</td>
</tr>
<tr>
<td></td>
<td>Communications</td>
<td></td>
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<tr>
<td>9:00 am – 10:00 am</td>
<td>How Women Can Use the Power of Negotiation to Get What They Really Want</td>
<td>Symphony B</td>
</tr>
<tr>
<td>9:30 am – 9:45 am</td>
<td>Poster Session Break</td>
<td>Symphony Foyer</td>
</tr>
<tr>
<td>10:00 am – 10:30 am</td>
<td>OMIC Presentation “ Now What Do I Do?”</td>
<td>Symphony B</td>
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<tr>
<td>10:30 am – 12:00 pm</td>
<td>Meeting General Session</td>
<td>Symphony B</td>
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<tr>
<td>10:30 am – 10:50 am</td>
<td>Market Trends in Ophthalmology</td>
<td>Symphony B</td>
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<tr>
<td>10:50 am – 11:15 am</td>
<td>Financial Benchmarking</td>
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<tr>
<td>11:15 am – 12:00 pm</td>
<td>Career Paths</td>
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<tr>
<td>12:00 pm – 1:30 pm</td>
<td>Lunch - WIO Honorary Lecture</td>
<td>Symphony A</td>
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<tr>
<td>1:30 pm – 5:30 pm</td>
<td>Optional Activity - Wine Tour</td>
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<tr>
<td>6:00 pm – 9:30 pm</td>
<td>Reception and Dinner</td>
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### SUNDAY, AUGUST 10, 2008

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<td>7:00 am – 11:00 am</td>
<td>Registration Open</td>
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<td>7:00 am – 10:00 am</td>
<td>Exhibits Open</td>
<td>Symphony Foyer</td>
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<tr>
<td>8:00 am – 8:20 am</td>
<td>American Academy of Ophthalmology Update</td>
<td>Symphony B</td>
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<tr>
<td>8:20 am – 11:00 am</td>
<td>Public Speaking and Professional Communications</td>
<td>Symphony B</td>
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</table>

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American Academy of Ophthalmology and the Women of Ophthalmology. The American Academy of Ophthalmology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Academy of Ophthalmology designates this educational activity for a maximum of 10.75 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
Notification
According to ARTICLE II, Section 3. - Notice of Meetings
Written notice of the place, date and hour of any annual or special meeting shall
be given to each member entitled to vote at such meeting by mail not less than ten
nor more than fifty days before the date of the meeting. Notices of the annual and
any special meeting shall include issues to be put to a vote of the membership, the
names of candidates for election at that meeting and a mail ballot in the form of
revocable proxy to allow each member in good standing to vote on the issues or for
the candidate or candidates. Notices of special meetings shall indicate the purpose
for which they are called and the person or persons calling the meeting.

Disclaimer
The objective of the Women in Ophthalmology in sponsoring annual and other
periodic scientific sessions, distributing recordings of portions of those sessions,
and publishing Newslink, WIO’s electronic newsletter, is to provide opportunities
for the free expression and interchange of ideas and information for educational
purposes. WIO does not accept responsibility for any opinions, positions, or
statements contained or expressed in such material, and such opinions, positions,
and statements are not necessarily those of the WIO.

Skills Transfer courses are/or demonstrations intended to provide instruction
leading to new knowledge and/or skills. WIO does not certify competence upon
completion of the courses. Such courses or demos are not intended to serve as a
basis for requesting new or expanded privileges.

Meeting Objectives
1. Educate participants about the most up-to-date information in the care of
patients with retinal, uveitic, corneal, glaucoma, pediatric, neurological, or low
vision problems.
2. Educate participants regarding current issues/problems faced by organizations
such as AAO and WIO and their members.
3. Educate participants regarding the epidemiology of glaucoma and age-related
macular degeneration.
4. Educate participants regarding the role of government and medicine. Advocacy
and policy development and how these relate to an individual practice pattern.
5. Educate participants regarding application of software related to presentations.
Participants will be able to personally be involved in a worship where they will
receive training skills in leadership development.
6. Educate participants to the liability and legal aspects of risk management.
7. Educate participants towards the changing environment of communication
technology in medical practices and in the activities of daily life.

Display and Distribution Policy
WIO has retained use of this meeting facility to enable registered attendees to
participate in WIO-sponsored educational and informational activities. Display or
distribution of non-sponsored information or advertising in or on the property of
the meeting facility, except in exhibit booths, is prohibited. Violation of this policy
will result in confiscation and disposal of the material. Individuals who violate this policy may be evicted from the premises.

Exhibition Policy
Only authorized personnel of exhibiting companies have access to the meeting. Solicitation by individuals not participating as exhibitors is prohibited. Attendees should report these activities or other questionable practices to the Meeting Manager or staff, located at the Registration desk in the foyer. Individuals who violate this policy will be escorted from the premises.

FDA Status Disclaimer
Some material on recent developments may include information on drug or device applications that are not considered community standard, that reflect indications not included in approved FDA labeling, or that are approved for use only in restricted research settings. This information is provided as education only, so that physicians may be aware of alternative methods of the practice of medicine, and it should not be considered endorsement of, promotion of, or in any way encouragement to use such applications.

The FDA has stated that it is the responsibility of the physician to determine the FDA status of each drug or device he or she wishes to use in clinical practice, and to use these products with appropriate patient consent and in compliance with applicable law.

WIO is providing the opportunity for material to be presented for educational purposes only. The material represents the approach, ideas, statement, or opinion of the presenter and/or author. It is not necessarily the only or best method or procedure in every case and does not represent the policy, position, or endorsement of the WIO. The material is not intended to replace a physician’s own judgment or give specific advice for case management. WIO specifically disclaim any and all claims that may arise out of the use of any technique demonstrated or described in any material by any presenter and/or author, whether such claims are asserted by a physician or any other person.

No Smoking Policy
It is the policy of the Women in Ophthalmology to prohibit smoking in all meeting and exhibit areas. Your cooperation is appreciated.

Photographing and Taping of Exhibits and Program
Attendees wishing to photograph or videotape an exhibit must secure permission from the exhibiting company before doing so. Therefore, no portion of the scientific program may be photographed, audio-taped or videotaped without the expressed written consent of the WIO and presenter.

Use of Meeting Program Content
WIO’s meeting and programs are not public events. Programs presented at the meeting are for the education of attendees and purchasers of recorded presentations as authorized by WIO. Any use of program content, the name of the speaker and/
or program title, or the name of the Women in Ophthalmology without the written consent of the WIO is prohibited. For the purposes of the preceding sentence, “program content” includes, but is not limited to, oral presentations, poster presentations, audiovisual materials used by speakers, and program handouts. This rule applies before, during, and after the meeting.

Target Audience
The intended audience for the 2008 Summer Symposium is ophthalmologists, researchers, nurses, ophthalmic technicians, and other allied health personnel who are engaged in the diagnosis and treatment of eye diseases.

CME Credit
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American Academy of Ophthalmology and the Women of Ophthalmology. The American Academy of Ophthalmology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Academy of Ophthalmology designates this educational activity for a maximum of 10.75 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Claim only the actual number of hours attended. Attendees registered as exhibitors, spouses and guests are not eligible for CME credits.

Attendance Verification for CME Reporting
Before processing requests for CME credit, the Academy must verify your attendance at the meeting. In order to be verified for CME or auditing purposes, you must have completed, signed and submitted the WIO 2008 Summer Symposium CME Credit Statement by October 15, 2008.

The Academy transcript cannot list individual course or session attendance. It will list only the overall number of hours spent in educational activities at the WIO Summer Symposium.

For Academy Members
As a service to members only, the Academy maintains a transcript of Academy-sponsored CME credits earned, provided the member reports those credits to the Academy. Members may also report credit earned through other CME providers, so that a record of all CME credits earned is available on a single transcript. The Academy does not verify the accuracy of non-Academy CME credits reported by members. Transcripts are available on the Academy’s Website.

For Academy Nonmembers
The Academy does not provide CME credit transcripts for nonmembers but will provide verification of credits earned and reported for a single Academy-sponsored CME activity, such as the WIO Summer Symposium. However, it is the responsibility of nonmembers to verify the following with their own reporting.
agencies (professional associations, hospitals, state licensing boards, etc.):
- Whether Academy credits are applicable;
- Whether onsite registration forms or proof-of-attendance letters are acceptable as documents of meeting attendance;
- Whether course attendance verification forms are acceptable as documents of individual course attendance.

Proof of Attendance
A CME Credit Statement, also serves as an attendance verification, will be available during the meeting for those who need them for reimbursement, hospital privileges or for nonmembers to report CME credit.

CME Transcripts
Academy members can view and print their CME Transcripts online. You will need to log on using your last name and Academy ID number. Contact the Academy’s CME Registrar with any questions.

Special Assistance
WIO wishes to ensure that no individual with a disability is excluded or denied services, segregated or otherwise treated differently from other individuals because of the absence of auxiliary aids or services.

If you need any of the auxiliary services identified in the Americans with Disabilities Act, indicate so on your registration form or via e-mail to wio@aao.org.

We cannot ensure the availability of appropriate accommodations without prior notification of need.

or program title, or the name of the Women in Ophthalmology without the written consent of the WIO is prohibited. For the purposes of the preceding sentence, “program content” includes, but is not limited to, oral presentations, poster presentations, audiovisual materials used by speakers, and program handouts. This rule applies before, during, and after the meeting.
Registration Location and Hours

The WIO Registration and Information Desk is located in the Registration Office at the Renaissance Providence Hotel. Any questions about the meeting and/or social functions will be answered at this desk. Registered participants will receive their badge and meeting materials at the Registration Desk. The Registration Desk will be open as follows:

- **Thursday, August 7** 10:00am-6:00pm  Registration Office
- **Friday, August 8** 7:00am-12:00pm  Registration Office
- **Saturday, August 9** 7:00am-12:00pm  Registration Office

Payment of Fees

The Women in Ophthalmology accepts MasterCard and Visa credit cards, cash and checks payable to WIO.

Social Events

The following social events are included in the registration fees:

<table>
<thead>
<tr>
<th>DAY/DATE</th>
<th>EVENT</th>
<th>TIME</th>
<th>LOCATION/ROOM</th>
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<tbody>
<tr>
<td>Thurs., Aug. 7</td>
<td>Welcome Reception</td>
<td>7:00 pm-8:00 pm</td>
<td>Symphony B</td>
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<td>Opening Reception</td>
<td>8:00 pm-9:30 pm</td>
<td>Symphony B</td>
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<tr>
<td>Fri., Aug. 8</td>
<td>Continental Breakfast</td>
<td>7:00 am-8:00 am</td>
<td>Symphony Foyer</td>
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<td>Morning Break</td>
<td>10:00 am-10:10 am</td>
<td>Symphony Foyer</td>
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<tr>
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<td>Lunch</td>
<td>12:00pm</td>
<td>Symphony A</td>
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<tr>
<td></td>
<td>Reception &amp; Dinner</td>
<td>6:00 pm-9:30 pm</td>
<td>Hyatt Newport</td>
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<tr>
<td>Sat., Aug. 9</td>
<td>Continental Breakfast</td>
<td>7:00 am-8:30 am</td>
<td>Symphony Foyer</td>
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<tr>
<td></td>
<td>Morning Break</td>
<td>9:30 am-9:45 am</td>
<td>Symphony Foyer</td>
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<td>Lunch</td>
<td>12:00 pm</td>
<td>Symphony A</td>
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<tr>
<td></td>
<td>Reception &amp; Dinner</td>
<td>6:30 pm-10:00 pm</td>
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Messages

There is a message board at the WIO Registration and Information Desk. Please check for messages.
Dr. McDonald is a cornea/refractive/anterior segment specialist, Ophthalmic Consultants of Long Island, Lynbrook, NY. She is presently a Clinical Professor of Ophthalmology at New York University (NYU) in Manhattan and an Adjunct Clinical Professor of Ophthalmology at Tulane University School of Medicine in New Orleans. Dr McDonald is a staff physician at Manhattan Eye Ear and Throat Hospital in New York City, as well as at the Island Eye Center in Carle Place, New York.

Dr. McDonald was a Professor of Ophthalmology and Director of the Corneal Service at the LSU Eye Center, LSU Medical Center School of Medicine, New Orleans, as well as the Chairman of the LSUMC Promotion and Tenure Committee until September 1994.

She is currently a senior consultant for VISX, and was previously the Medical Director for Alcon/Summit/Autonomous. Dr. McDonald was also a principal investigator for the Chiron Technologies (now Bausch and Lomb) and Nidek EC 5000 lasers.

Dr McDonald received her medical degree from Columbia University College of Physicians and Surgeons, followed by an internship at Lenox Hill Hospital and ophthalmology residency at Manhattan Eye Ear and Throat Hospital/Cornell, both in New York City, and a fellowship in corneal and external diseases with Dr. Herbert E. Kaufman at the LSU Eye Center in New Orleans. Dr. McDonald joined the faculty at the LSU Eye Center in 1981. Since then she has become well known in the field of refractive surgery, with 490 abstracts, 79 books and book chapters, 47 interviews/panel discussions/CD ROMs/videos, and 180 peer reviewed and 293 non-peer reviewed articles published on various refractive topics. Dr. McDonald has been the principal investigator of three National Eye Institute grants for the study of refractive surgery: radial keratotomy [at the LSU Clinical Center for the Prospective Evaluation of Radial Keratotomy (PERK) study], epikeratophakia, and excimer laser photorefractive keratectomy, as well as numerous industrial grants.

In New Orleans, Dr. McDonald headed the research team investigating the use of the excimer laser for the correction of optical error, and in 1987, performed the world’s first excimer laser treatment to eliminate or reduce the need for glasses and contact lenses. Dr. McDonald treated blind and fully sighted patients in 1988; both groups were treated for nearsightedness. In 1993, she performed the world’s first excimer laser surgeries for farsightedness as well.

Dr. McDonald was the second physician in the United States and the third physician in the world to perform CK (Conductive Keratoplasty) for farsightedness. Dr. McDonald was the medical monitor of the U.S. clinical trials which led to FDA approval for CK.

Dr. McDonald was the first North American surgeon to perform Epi-LASIK in September 2003.
Dr. Julia A. Haller is Ophthalmologist-in-Chief of the Wills Eye Institute and Professor and Chair of Ophthalmology at Jefferson Medical College. She was educated at the Bryn Mawr School in Baltimore, Princeton University, and Harvard Medical School. Her ophthalmology residency and retina fellowship were at the Wilmer Eye Institute at Johns Hopkins Hospital. She became the first female Chief Resident at Wilmer in 1986. She held both the Katharine Graham and Robert Bond Welch, M.D. Professorships of Ophthalmology while at Hopkins.

Her honors include the Bryn Mawr School scholarship award for valedictorian in 1972, National Merit Scholarship 1972, her A.B. in philosophy Magna cum laude, Alpha Omega Alpha, a Heed Foundation Fellowship grant, the American Academy of Ophthalmology Honor Award, the Rolex Achievement Award, the Vitreous Society Honor Award, the American Academy of Ophthalmology Senior Achievement Award, the Vitreous Society Senior Honor Award, and the Crystal Apple Award of the Young Physicians group of the American Society of Retina Specialists for teaching and mentorship.

Dr. Haller has published over 250 papers in the peer reviewed literature as well as 20 book chapters. She has been a visiting professor and lecturer all over the world, and an investigator on numerous grants dealing with treatment of cystoid macular edema, age-related macular degeneration, complicated retinal detachments, macular surgery, diabetic retinopathy, retinopathy of prematurity, retinal venous occlusive disease and retinal infectious diseases.

Dr. Haller serves on the Editorial Boards of the American Journal of Ophthalmology, Retina, Evidence-Based Eye Care, Ophthalmology Times, Retina Today, Eye World, and Retinal Physician. She is President of the American Society of Retina Specialists and a member of the Executive Committee of the Retina Society.

She is a member of the Board of Trustees of the Bryn Mawr School, the Executive Council of the Princeton Alumni Association, and President of the Princeton Alumni Association of Maryland.
Jane Aguirre is vice president for global alliances at the American Academy of Ophthalmology, the Eye M.D. association, based in San Francisco, California. Ms. Aguirre is charged to advance and accelerate education for ophthalmologists worldwide. She is also publisher for the Academy’s highly-ranked clinical magazine, EyeNet.

Ms. Aguirre joined the Academy in 1981 and has held several positions including vice president of ophthalmic practice and director of membership services. She was the lead staff person in the creation of the Ophthalmic Mutual Insurance Company, a professional liability insurance company for ophthalmologists; the establishment of the American Academy of Ophthalmic Executives, an association for practice managers as well as PrimeSight, a PPO vision care plan.

Prior to joining the Academy, Ms. Aguirre was a fund raiser with the Southeastern Pennsylvania Chapter of the American Heart Association.

Ms. Aguirre became a Certified Association Executive (CAE) in 2002. She is active in the American Society of Association Executives and served on its International Section Council 2004 – 2007, she was a board member of the Northern California Society of Association Executives. She is a founding member of Ophthalmic Women Leaders (OWL) an organization that promotes women’s professional development. She currently serves as its President.

Even though she works in San Francisco, Jane left her heart in New York where she was born and raised. She received her BA from the City University of New York. She lives in Oakland, California with her husband Eric, a jazz musician, and her daughter Zoë, a senior in high school. She keeps her New York ties strong through her daughter Alexandra, who just completed her sophomore year at Columbia University.
Dr. Marie Amey-Taylor, Director, Human Resources Department, Organizational Development and Training Division, Temple University, has a rich and varied career history that includes professional experiences as an educator, program administrator, internal and external training and organizational development consultant, group facilitator, theater troupe founder and artistic director and public speaker. She holds a doctoral degree in Psycho-Educational Processes/Adult and Organizational Development and a master’s degree in Urban Education and Policy Studies, College of Education, Temple University. She is also qualified to administer the Myers-Briggs Type Indicator.

She has provided consulting services for a wide range of corporate, government, public and private education, and human services organizations throughout the United States, and internationally. Her areas of expertise are leadership and organizational development; diversity/sexual harassment awareness training; management development; interpersonal relations and communication; change management; team building; train-the-trainers programs; conflict resolution and mediation; and a wide range of professional development programs.

She has provided a variety of organizational development services to major corporations and organizations throughout the world. These services have included but not been limited to the following: assessing individual and group needs including individual interviews, survey construction and administration, and focus group processing; analyzing processes; leading strategic planning sessions; conducting team building experiences; mediating and facilitating conflict resolution interventions; coaching for professional and career development; retreat planning and facilitation and conducting individual/group counseling sessions.

She is the founder and director of InterACTion, an improvisational theater troupe and training group composed of Temple University administrators, staff, faculty and friends. Performing before thousands, the troupe has received national recognition. InterACTion’s clients have included educational institutions, businesses, government agencies and professional associations.

As an instructor for the Adult and Organizational Development Department of Temple University’s College of Education, adjunct professor and preceptor in Lincoln University’s Masters in Human Services Program and as a guest lecturer in Temple University’s College of Education, School of Social Administration, School of Dentistry, School of Medicine, School of Pharmacy, School of Medicine and Fox School of Business, Dr. Amey-Taylor has challenged, stimulated and entertained both undergraduate and graduate students with her creativity, energy and engaging facilitation style. She loves her work and it shows.
Jonca Bull joined the Washington Office of Genentech in July 2006 as its first Director of Clinical Regulatory Policy. She had previously served at FDA for 12 years, beginning as a medical officer, and later serving in a variety of senior leadership positions in the Office of the Commissioner and the Center for Drug Evaluation and Research’s Office of New Drugs and Office of Surveillance and Epidemiology.

She is a graduate of Princeton University and Duke Medical School. She has done post graduate training at George Washington University Medical Center, Washington DC in Internal Medicine and Ophthalmology. She is board certified in Ophthalmology. She holds an appointment as an Assistant Clinical Professor at George Washington University Medical Center. She is married and the mother of twin sons and a daughter.

Julie Chase is founder and president of Chase Communications, a full-service public relations and marketing communications firm based in San Francisco and Washington, D.C., with satellite offices in New York, Chicago, San Diego, the East Bay and Tampa/St. Petersburg. With a strong reputation as experts in corporate and product strategy from coast to coast, Chase Communications is committed to providing clients with expert representation, guidance and results.

Founded in 1997, her agency’s expertise in positioning, ongoing strategy and crisis work cuts across several disciplines, with an emphasis on healthcare – especially pharmaceutical and medical device. Other areas of expertise include consumer goods and services, real estate, finance and professional services.

Ms. Chase is personally active in many non-profit health and community advocacy organizations and hosts political fundraisers for local and national politicians. A native of Washington, D.C., she has a bachelor’s degree from Georgetown University.
Marsheila DeVan is an Independent Consultant and Communication Specialist with over twenty years of training experience. Her expertise includes work within the university systems as well as the pharmaceutical and medical industries, concentrating on professional speaker development, interpersonal skills improvement, meeting moderation, media training, curriculum development and one-to-one coaching.

Marsheila holds a Bachelors Degree in Political Science from the University of California, Los Angeles and a Masters of Business Administration from the University of California, Irvine with a concentration in Organizational Behavior and Strategic Planning.

She spent seven years following her passion for the development of public/private partnerships between multiple communities and businesses to enhance community empowerment programs. Her outstanding communication skills and ability to work with diverse audiences earned her multiple national awards.

Her international experience includes teaching to multiple nationalities and specialties in location such as Thailand, Switzerland, Hungary, Spain, Austria, Bermuda, Turkey, Greece, and Mexico to name a few.

Marsheila’s presentations are packed with thought-provoking, practical and proven methods for achieving confidence, credibility, and composure. Her demeanor, humor and approach to training create an open and comfortable learning environment that results in a high level of interaction and learning.

Lillie is Vice President, Human Resources, for Sirion Therapeutics (Tampa and San Diego) where she creates employee recognition, performance management, incentive and new employee orientation programs to motivate an environment of engaged professional employees. Prior to Sirion, she worked as Vice President and Director of Professional Development for Lee Hecht Harrison, a talent solutions company, focused on talent development in the areas of career transition, leadership consulting and workforce solutions. She was formerly Human Resources Manager for Bausch & Lomb Pharmaceuticals, Ameritech, and MCI. She is a Member of the Society for Human Resource Management, a board member of the Tampa Chapter for the National Association of Puerto Rican Women, a University of Tampa Fellow and a member of the INROADS Parent Support Group.
Karen Fallon is a business advisor with the Eye Care Business Advisory Group of Allergan, Inc., an eye care company based in Irvine, California. Ms. Fallon advises with medical practices, physician networks, ambulatory surgery centers, and managed care organizations. Her expertise includes human resources, leadership training, team building, sales training, business development, strategic planning, financial analysis, and overall practice efficiency.

Ms. Fallon has more than 13 years of experience in the healthcare and financial industries. She has extensive experience with a major medical Fortune 100 company in the areas of sales, management, recruiting, and corporate accounts. Her background includes expertise in financial planning and analysis, employee hiring and development, and creating high performance teams.

Ms. Fallon earned her Bachelor of Arts degree in business marketing from Bucknell University. In addition, she has completed extensive coursework in communication, leadership, and management development.

Barbara Fant is the Principal Regulatory Consultant and founder of Clinical Research Consultants, Inc., one of the premier regulatory and clinical consulting firms in the United States. Dr. Fant has 25 years of experience in pharmaceutical and medical device development and is internationally recognized as an expert provider of FDA regulatory and clinical services for the development and approval of refractive, intraocular, and corneal ophthalmic medical devices and combination products as well as orthopedic medical devices. Dr. Fant has successfully filed over a hundred IDE’s, pre-IDE’s, IND’s, RFD’s, 510(k)’s, and PMA’s with the FDA and is an ophthalmic technical reviewer for a European notified body for CE mark. Dr. Fant incorporates her unique experiences in product development into her consulting activities, having worked in industry and academia, served on IRB’s and ethics committees, and directed a highly successful research center in addition to her 16 years of consulting with CRC.
Dr. Fountain is a graduate of Stanford University and Harvard Medical School. After completing a residency at the Wilmer Eye Institute, she pursued fellowship training in oculoplastic surgery at the University of Southern California’s Doheny Eye Institute. She is currently Associate Professor of Ophthalmology at Rush University in Chicago where she is Section Chair of the Oculoplastics.

Dr. Fountain is currently serving on the Board of Trustees of the American Academy of Ophthalmology and is a frequent lecturer on medical ethics as a member of the Academy’s Ethics Committee. She serves on the Board of Directors of the Ophthalmic Mutual Insurance Company, where she is also a member of the strategic planning, finance and underwriting committees. She was recently elected to the Executive Committee of the American Society of Ophthalmic Plastic and Reconstructive Surgery and is serving as Executive Secretary.

Dr. Fountain is active at the state and local level as well, having served as Program Chair for the Chicago Ophthalmological Society’s Annual Meeting and President of the Illinois Association of Ophthalmology.

In addition to her academic practice, Dr. Fountain maintains a private practice devoted to ophthalmic plastic and reconstructive surgery on the North Shore of Chicago where she lives with her husband and two teenagers. Gardening, golf and photography are a few of her non-medical pursuits.

P eamela Gleeson joined Santen in 1997 and has been Chief Financial Officer since 2003. She began her career at KPMG, and held finance positions in the high tech, mortgage banking services and retail food industries.

During her 11 years at Santen, Pamela has held positions in business development, project management, new product development and marketing before heading up the finance function and serving on the executive strategy committee. Pamela holds a BS degree in Business Administration (Finance and Accounting) from the University of California at Berkeley and is a California Certified Public Accountant (inactive).
Sara Laschever is a writer with a longstanding interest in women’s life and career obstacles. Her work has been published by The New York Times, the New York Review of Books, the Harvard Business Review, Vogue, Glamour, Mademoiselle, WomensBiz, the Boston Globe, the Boston Phoenix, the Village Voice, and many other publications. She has taught writing at Boston University, and privately edited books published by the Harvard Business School Press, Perseus Books, Hyperion, St. Martin’s Press, and Alfred A. Knopf.

Ms. Laschever also served as principal interviewer for Project Access, a landmark Harvard University study funded by the National Science Foundation. Project Access explored impediments to women’s careers in science—the hindrances, both internal and external, that prevent women from rising to the tops of their fields. For Project Access, Ms. Laschever interviewed over 200 scientists, both men and women, from all over the country, wrote biographical sketches of each, and summarized her findings in a document now archived at the Henry A. Murray Research Archive at Harvard University. Ms. Laschever’s work also contributed to the publication of two seminal studies in this field, Gender Differences in Science Careers: The Project Access Study and Who Succeeds in Science? The Gender Dimension, both by G. Sonnert, assisted by G. Holton.

Ms. Laschever has lectured about women and negotiation for the Microsoft Corporation, Bristol-Myers Squibb, Procter & Gamble, the Aon Corporation, Deloitte Consulting, DuPont, the Forbes Executive Women’s Forum, the Financial Women’s Association, the Program on Negotiation at Harvard University, the Woodrow Wilson School of Public and International Affairs at Princeton University, Women in Communications, Inc., the British-American Trade Association, the University of Chicago Business School Alumni Roundtable, the Committee for the Advancement of Women Chemists, Women in Communications, Inc., and many other nonprofit professional associations and women’s leadership groups. Sara Laschever lives in Concord, Massachusetts with her family.
Jaci Lindstrom has worked in the field of ophthalmology for her entire career that has spanned over 30 years. She began as a certified medical ophthalmic technologist with professional responsibilities that included every area of ophthalmic testing and specialty. Following 17 years of work experience in clinical and hospital settings, Jaci moved into the business of ophthalmology. First, she worked for 3M Vision Care as international professional services representative and clinical research associate for Asia Pacific, Canada and the northern United States that included significant travel to these regions. Jaci then served as executive director of the International Society of Refractive Surgery, (ISRS/AAO), which at the completion of her tenure, grew from a small refractive surgery club (ISRK) into a viable, meaningful and ethical organization with international representation and leadership from refractive surgeons around the globe.

Jaci has served as an instructor, coordinator, examiner for ophthalmic medical technicians and technologists. She has served on numerous boards of directors not limited to ophthalmology including the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO), Inner City Tennis, Amanda Paints Company, Lafayette Country Club and the Ophthalmic Women Leaders. Jaci has taught and lectured extensively around the world. Awards received include the ISRS/AAO Founders Award in 2007, the ISRS Outstanding Achievement Award in 1996 and the JCAHPO Outstanding Achievement Award in 1989.

Jaci Lindstrom is currently executive director of the International Intra-Ocular Implant Club, an organization comprised of the most prestigious physicians and innovators in the field of implantology; serves as copy editor of Ocular Surgery News, a publication that reaches over 80,000 eye care professionals around the world every month; and serves as immediate past president and co-founder of the Ophthalmic Women Leaders, an organization that promotes professional development, networking, opportunities and personal growth for women in the field of ophthalmology.
Jill Maher is a business advisor with the Eye Care Business Advisory Group of Allergan, Inc., an eye care company based in Irvine, California. Ms. Maher advises with medical practices, physician networks, ambulatory surgery centers, and managed care organizations. Her expertise includes human resources, leadership training, team building, sales training, business development, strategic planning, financial analysis, and overall practice efficiency. Ms. Maher is particularly well versed in financial analysis and benchmarking. Ms. Maher has more than 15 years of experience in the healthcare industry with Fortune 100 companies. She has extensive experience in the areas of sales, management, and national accounts. Her background includes expertise in strategic planning, financial analysis, and creating high performance teams. Ms. Maher earned her Bachelor of Arts degree from the University of Iowa and her Master of Arts degree from DePaul University in Chicago. In addition, she has completed extensive coursework in communication, leadership, management, business and strategic planning.

Dee Mahoney is the Senior Vice President/General Manager of Pfizer’s Specialty Markets business unit. Dee started her career at Pfizer in 1988 as a field sales representative in the Washington, DC district. Through her Pfizer tenure, she’s held the positions of Sales Representative, Hospital Representative, Regional Hospital Trainer, District Manager, Director of Divisional Operations, Regional Manager, Vice President of Roerig Sales and Senior Vice President of Specialty Markets. In her current role, she has profit and loss responsibility for the Specialty Markets business unit. The unit includes colleagues from sales, marketing, medical, finance and human resources. Her business unit is responsible for 2.65 billion dollars in annual revenue. The therapeutic areas in the Specialty Markets unit are Pfizer’s Oncology, Anti-Infective, HIV & AIDS, Ophthalmology, Endocrine Care and Specialty Account Management Divisions. Dee is the Vice Chairman of the Board of Directors for the New York City Leukemia & Lymphoma Society. She is a member of the Healthcare Business Women’s Association. Ms. Mahoney holds a Bachelor of Science degree from Stephen F. Austin University and a Comprehensive Leadership Certificate from Harvard Business School’s Executive Education program. Her husband works in the aerospace industry and they are the proud parents of 6 year-old Ashley, 4 year-old Katie and 2 year old Michael.
Abigail Markward started her career in ophthalmology in 2000 as an advertising senior account executive specializing in medical device products. In 2001, Abby moved to Orange County, CA to work on the AMO (formerly Allergan Surgical) account and in 2003 transitioned to work directly for AMO. In this capacity Abby managed four products within the refractive area and strategically managed two product launches for the U.S. market.

In 2005, Abby joined Bausch & Lomb Surgical (Aliso Viejo, CA) as Director, Marketing Communications. Abby currently manages multiple facets of communications from public relations, surgical branding and promotion, vendor relations and tradeshows and events for the entire surgical business. This role has given Abby the opportunity to delve into multiple ophthalmic areas including the cataract, refractive and vitreoretinal specialties.

Abby received her B.A. in psychology from Rhodes College and her M.B.A. from University of Memphis, both in Memphis, TN.

Abby lives in Aliso Viejo, CA where she enjoys charity work, hiking, running, snowboarding and reading. Abby joined OWL in 2003 and was recently asked to join the OWL Advisory Board.
In 1998, Yari Mitchell began her professional healthcare career at a patient and hospital advocacy group, based in Salt Lake City, Utah. In 2000, Yari moved into the Ophthalmic industry as a product manager and clinical trials monitor for Paradigm Medical Industries focusing on their laser phacoemulsification product line.

In 2003, Yari moved into physician education and medical communications for VISX, Inc. joining the launch team that brought their wavefront-guided laser vision correction platform to market. Since 2003, within AMO and formerly VISX, she has served in both global and domestic positions where she has managed hundreds of global ophthalmic and optometric congresses and led countless professional media campaigns focusing on quality cataract and refractive education to clinicians and their staff.

She has multiple degrees from the University of Miami, in Florida, but believes that eight years of active participation on high school and college debate teams was the best preparation for a career in business.

Yari joined OWL shortly after its inception in 2003, has served as a member of the Board of Directors and Events Committee Chair since 2005, and is currently OWL’s President-Elect.

Yari lives in the Bay Area and, in her free time, she enjoys both recreational and competitive cycling, scuba diving, traveling and reading.
Polly currently serves as National Sales Representative for SLACK, Inc., an Ocular Surgery News publication. She has been in the ophthalmic industry since 1986 serving most recently as a Practice Development Manager for Care Credit where she specialized in education and development of patient financing programs, in conjunction with assisting practices in development of patient processing and marketing systems.

Polly’s history in this industry includes Director of Professional Services for Polly Neely Consulting, Woodbury, NJ. Polly’s specialty is in internal systems for optimal efficiency and maximization of all resources within the practice. She consulted with physicians and staff on advancing both their technological and clinical improvements with the most proven and accredited pieces of equipment and processes in the field of ophthalmology and optometry to date. Her specialized focus is enhancing internal operations, ensuring optimum conditions to achieve patient satisfaction, practice profitability and returns on investment of external marketing efforts.

Polly also has served as the Eastern Regional Sales Manager for Marco Technologies, Jacksonville, FL. She served Marco in a varied capacity, however her primary duty was to continually update, educate and train the sales staff to better understand the internal operations within the ophthalmic and optometric environment in which they work.

Prior to Marco, Polly’s roles included Practice Administrator for ophthalmic offices in FL and VA, “Virtual Administrator/Consultant” to Dr. Manus Kraff of Kraff Eye Institute, Chicago, IL; Director of Physician Services for Cowan & Joseph, Atlanta, GA; and owning and actively consulting in her private consulting agency, Practical Physician Practice Management Co., in VA.

In addition, she has presented topics at ASCRS, VISX University, ASORN, SECO, AMA and State and Regional Ophthalmic/Optometric administrative and physician associations and organizations. She serves on the board as a consultant/speaker for Alcon’s Business Resources Panel, ASOA Consulting Network and the AMA’s Doctor’s Advisory Network. Polly serves on the program committee for OWL. Previously she served as a board member for ASOA, completed the ASOA Wharton Executive Program, Wharton Business School, Philadelphia, PA.
Heather is Global Director of Business Development with AMO, Inc., and has over 25 years of proven experience in marketing and practice building. She leads a Business Development Management team to help customers meet the challenges and capitalize on refractive surgery opportunities. In addition, Heather has:

- Provided strategic leadership to the vision correction field, beginning five years before the first FDA Approval
- Managed a large group of laser vision correction centers directing business and network development efforts
- Built out 14 LVC centers, start to finish
- Spoke about education for ASOA, AAO, Visx University, as well as numerous MD and OD Regional Meetings & Symposiums
- Authored several articles focused on practice development specifically in the refractive surgery arena
- Led diverse team of marketing professionals to develop and deliver innovative new technologies such as CustomVue and WaveScan products to the industry
- Supported global initiatives to expand the refractive surgery market around the world, speaking and helping create workable solutions to meet cultural needs
- Expanded the resources and programs available to assist practices via the Business Development Program, a unique support system of highly skilled people focused on assisting their customers to build practices procedural volume, inside and out
Susan Schneider, MD is a board certified ophthalmologist with a diverse medical background that spans the clinical, academic and corporate worlds.

Susan joined Santen, an ophthalmic pharmaceutical company, as Vice President, US Clinical Affairs over a year ago and now serves as Santen’s first Chief Medical Officer, with expanded global responsibilities. Prior to joining Santen, Susan’s initial corporate experience came from the biotechnology company Genentech, where she was a Medical Director working extensively on LUCENTIS®.

Prior to her corporate experience, Susan held full time academic positions in the departments of ophthalmology and pathology at the New York Eye & Ear Infirmary and the University of Cincinnati. In addition, she was employed in a busy ophthalmology private practice in Philadelphia after completing her ophthalmology training.

Dr. Schneider has co-authored and published over 30 articles for a variety of journals, including the New England Journal of Medicine, the American Journal of Ophthalmology and Ophthalmology Journal. She has also presented scientific data at numerous medical meetings and conferences.

Susan received her medical degree from the Medical College of Pennsylvania followed by a residency in ophthalmology at the Medical College of Virginia. She has pursued fellowship training in ocular oncology at the Wills Eye Hospital and in ophthalmic pathology at the Wilmer Eye Institute (Johns Hopkins).

As an EyeMD she is an active member American Academy of Ophthalmology (AAO) and Women in Ophthalmology (WIO). She received an Achievement Award from the AAO in 2004.

Susan prides herself in her various roles in bridging relationships and furthering understanding across the seemingly diverse worlds in which she has been involved with the goal of advancing science and better helping those in need.
Joan-Marie Stiglich is Vice President, Publishing Operations, Surgery and Related Sciences for SLACK, Incorporated in New Jersey.

Stiglich started as an assistant editor for the publisher’s peer review group in 1994. She has worked in ophthalmic publishing since that time. Stiglich has served as the Editor in Chief of the OCULAR SURGERY NEWS Group and Director of SLACK’s Custom Publishing Group. As Vice President of Publishing Operations, she is responsible for the editorial direction, production and strategy of OCULAR SURGERY NEWS’ six global editions, OSN SuperSite.com, Aesthetic Practice Today, Orthopedics Today, Orthopaedics Today International, ORTHOPEDICS, ORTHOSuperSite.com, O&P Business News, Primary Care Optometry News, and PCONSuperSite.com. In addition, she has publication development responsibility for SLACK’s surgical and related science endeavors.

With roots reaching back to 1923, SLACK Incorporated publishes medical newspapers, journals, books and Web sites. In addition, the company produces live educational events, custom-published projects and an array of association publishing materials.

She is also the Communications Committee Co-Chair for Ophthalmic Women Leaders (OWL).

She is a graduate of West Chester University. There her studies included English, journalism and biology. In addition, she attained her certification by the Board of Editors in Life Sciences (BELS) in 2001. This certification evaluates proficiency of manuscript editors in the life sciences and awards credentials that are similar to those in other professions.

Joan-Marie has been married for 12 years and has two children, Abigail (6 years) and Grant (4 years).
A native of England, Susan completed a Registered Nurse diploma in London and then moved shortly thereafter to Montreal, Canada where she completed an undergraduate degree in Health Sciences at Concordia University. After practicing in acute care facilities for four years in Montreal, she moved with her husband and family to California. Here she served as a Nurse Practitioner at UCI Medical Center before making the transition into industry and medical device marketing and professional education.

In the corporate world Susan’s experience made her ideally suited to fit the role of liaison between industry and medical professional providers and understands the perspective of both sides. In her years managing professional relations she has helped to bridge the gap between them, translating needs into practical outcomes and matching skill sets to achieve realistic goals that benefit industry and professionals.

Susan and her husband reside in Laguna Beach, California and have two grown children living in Los Angeles.
THURSDAY, AUGUST 7, 2008

8:00 pm—9:30 pm Opening Reception

FRIDAY, AUGUST 8, 2008

6:00 am—7:00 am Optional Activity - Yoga

7:00 am—7:30 am Continental Breakfast

7:00 am—2:00 pm Registration Open

7:00 am—12:00 pm Exhibits Open

7:45 am—7:50 am Welcome - Laura King, MD

7:50 am—7:55 am Introduction: OWL President - Jaci Lindstrom, OWL Past President

7:55 am —8:03 am Overview: What is Leadership? - Pamela Gleeson, Santen, Inc.

LIFE WORK BALANCE - CHAIR: Pamela Gleeson, Santen, Inc.

8:03 am—8:05 am Overview - Pamela Gleeson, Santen, Inc.

8:05 am—8:14 am Juggling Personal and Professional Priorities - Barbara Fant, PhamD, Clinical Research Consultants

8:15 am—9:00 am Faculty Panel Discussion led by Pamela Gleeson

9:00 am—9:15 am Group and Board Photos

STRESS AND CHANGE MANAGEMENT - CHAIR: Heather Ready, AMO

9:15 am—9:17 am Overview - Heather Ready, MBA, AMO

9:17 am—9:26 am Starting Over Unexpectedly - Marguerite B. McDonald, MD

9:26 am—9:35 am Change is Good (Say it with me!) - Heather Ready, MBA, AMO

9:35 am—9:44 am Life transitions/Changes - Polly Neely, SLACK, Inc.

9:44 am—10:04 am Addressing Change in the Workplace - Lillie Espinosa, BS, Sirion

9:29 am—9:45 am Faculty Panel Discussion - Marguerite B. McDonald, MD

COMMUNICATING WITH INDUSTRY - CHAIR: Marguerite B. McDonald, MD

10:04 am—10:06 am Overview - Marguerite B. McDonald, MD

10:06 am—10:15 am Creating Your Own Personal Brand - Julie Chase, Chase Communications

10:15 am—10:24 am Top Ten Tips for Industry Relationship Building - Susan Zajfen, RN, AMO

10:24 am—10:33 am Communicating with Industry in a Global Environment - AnneMarie Hipsley, DPT, PhD

10:33 am—10:42 am Negotiating Your Worth - Marguerite B. McDonald, MD

10:42 am—11:00 am Panel Discussion - Marguerite B. McDonald, MD

11:00 am—11:15 am BREAK
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<tr>
<th>Time</th>
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<tr>
<td>11:15 am—11:24 am</td>
<td>Essential Networking Skills - Yari Mitchell, AMO</td>
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<tr>
<td>11:24 am—12:00 pm</td>
<td>Speed Networking Workshop</td>
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<tr>
<td>12:00 pm—1:30 pm</td>
<td>Lunch - Bernice Brown, MD Memorial Lectureship: Marguerite B. McDonald, MD</td>
<td>Symphony A</td>
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<td>2:00 pm—6:00 pm</td>
<td>Optional Activity - Narrated Tour of Newport with a tour of Breakers Mansion</td>
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<tr>
<td>6:00 pm—9:30 pm</td>
<td>Offsite Reception and Dinner (transportation provided)</td>
<td>Hyatt Newport</td>
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</table>

**Saturday, August 9, 2008**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>6:00 am—7:00 am</td>
<td>Optional Activity - 3K Run/Walk (additional registration required)</td>
<td>Symphony A</td>
</tr>
<tr>
<td>7:00 am—7:30 am</td>
<td>Continental Breakfast</td>
<td>Symphony Foyer</td>
</tr>
<tr>
<td>7:00 am—1:30 pm</td>
<td>Registration Open</td>
<td>Registration Office</td>
</tr>
<tr>
<td>7:00 am—12:00 pm</td>
<td>Exhibits Open</td>
<td>Symphony Foyer</td>
</tr>
<tr>
<td>7:30 am—9:00 am</td>
<td>Emotional Intelligence and Gender in Communications: Was it Something I Said? - Marie Amey-Taylor, EdD (1.5 CME - A)</td>
<td></td>
</tr>
<tr>
<td>9:00 am—10:00 am</td>
<td>How Women Can Use the Power of Negotiation to Get What They Really Want - Sara Laschever, AB, MA (1.0 CME - A)</td>
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<tr>
<td>9:30 am—9:45 am</td>
<td>Poster Session Break</td>
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<tr>
<td>10:00 am—10:30 am</td>
<td>OMIC Presentation “Now What Do I Do?” - Tamara Fountain, MD</td>
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<tr>
<td>10:30 am—12:00 pm</td>
<td>Meeting General Session</td>
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<tr>
<td>10:30 am—10:50 am</td>
<td>Market Trends in Ophthalmology - Karen Fallon, Eye Care Business Advisor, Allergan USA, Inc</td>
<td>Symphony B</td>
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<tr>
<td>10:50 am—11:15 am</td>
<td>Financial Benchmarking: Do You Know What Your Numbers Mean? - Jill Maher, MA, Eye Care Business Advisor, Allergan USA, Inc</td>
<td>Symphony B</td>
</tr>
<tr>
<td>11:15 am—12:00 pm</td>
<td>Career Paths Panel - Jonca Bull, MD (Genentech), Dee Mahoney (Pfizer), Susan Schneider (Santen), and Tamara Fountain, MD (AAO and Rush University)</td>
<td></td>
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<tr>
<td>12:00 pm—1:30 pm</td>
<td>Lunch: WIO Honorary Lecture - Julia A. Haller, MD</td>
<td>Symphony A</td>
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<tr>
<td>1:30 pm—5:30 pm</td>
<td>Optional Activity - Wine Tour and Tasting at Newport Vinyards (transportation provided)</td>
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<tr>
<td>6:00 pm—9:30 pm</td>
<td>Reception and Dinner (transportation provided)</td>
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**Sunday, August 10, 2008**

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<tr>
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<tbody>
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<td>Exhibits Open</td>
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<tr>
<td>8:00 am—8:20 am</td>
<td>American Academy of Ophthalmology Update - Tamara Fountain, MD</td>
<td>Symphony B</td>
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<tr>
<td>8:20 am—11:00 am</td>
<td>Public Speaking and Professional Communications - Marsheila DeVan, MBA</td>
<td>Symphony B</td>
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</table>
What is Leadership? Presented by Jaci Lindstrom, OWL Past President

Welcome
Jaci M. Lindstrom
Executive Director
International Intra-Ocular Implant Club
President
Ophthamic Women Leaders (OWL)

OWL Mission Statement
To promote professional development for women aspiring to leadership positions in the ophthalmic industry with unique networking events and mentoring opportunities.
Ten traits that define a successful leader

I. A Love of Learning

- Books
- Newspapers
- Trade papers
- Journals
- Multimedia

II. A Young Start

Leaders Work at a Young Age

- Newspaper routes
- Cutting lawns
- Babysitting
What is Leadership Cont.

II. A Young Start

Leaders Lead at a Young Age

- Class President
- Team Captain

III. Intellectual Curiosity

- Interest in other businesses, people, why things are a certain way
- Not afraid of new ideas, change, challenges
- View change as an opportunity

IV. A Dynamic Personality

- Builds trust and credibility
- Networks, understands the value of politics
- Able to build consensus
What is Leadership Cont.

IV. A Dynamic Personality

- Effective communication skills
- Good listeners
- Confront the issues, do the hard things

V. Leaders are Visionary

- Expect problems
- Problems create opportunity
- Embrace change
- Possess strong self-esteem, robust to criticism

V. Leaders are Visionary

- Have gut instincts about trends and opportunities
- Able to solve problems with simple solutions
- Always look for “win-win”
What is Leadership Cont.

VI. Strong Work Ethic
- Love to work
- Give more than what is asked of them
- Self-sacrifice

VII. Risk Takers
- Big thinkers
- Focus on opportunities
- Calculated risk

VIII. Competitive Spirit
- Loves competition
- Does not fear adversity
- Fighting spirit/Strong mentality
What is Leadership Cont.

VIII. Competitive Spirit

- What doesn’t kill us makes us stronger
- Not afraid to fail
- Able to learn from failure

IX. “No” is not in their vocabulary

- Barriers are challenges
- Persistent when faced with obstacles

X. Ability to recruit, retain and motivate people

- Appreciate smart people who question ideas
- Not afraid to surround themselves with the best, brightest
“If there were no problems, then we would not need leaders”

Why Be A Leader?

- Leaders are well-compensated
- Leaders can make significant contributions to society
  - Most leaders are altruistic

Are You A Leader?

- How many characteristics do you have?
- Leadership can be learned
- Opportunities available everywhere
Final Thoughts

- Challenge yourself
- Give 150% effort
- Be true to yourself
- Be true to your word

Final Thoughts

- Be nice to everyone
- In everything, do your best
  - Join an organization
    - Give back

THANK YOU!
Life Work Balance Presented by Pamela Gleeson

Perfection: It Ain’t All It’s Cracked Up To Be
- One Female Executive’s Perspective on Being a Working Mother

The Young Executive
- Undergraduate degree, professional certification
- Smart, ambitious, Type A, competitive
- Volunteer positions: Sorority, Business Alumni, Professional Women’s Organizations
- Basically, Superwoman

Married, With Children
- Husband
- Pets
- Children
  - Babies (nursing, pumping, diapers, no sleep!)
  - Toddlers (daycare, potty training)
  - Elementary School (field trips, room mom, sports)
  - Teen Years TBD
- Aging Parents

…Now what???

Find Balance (aka Learn to Juggle)
- It truly does take a village
- Learn how to ask for help, for the right things
  - You can’t do everything, and people really do want to help
  - Don’t stress out about what others don’t do…ask!
- Learn how to confidently and gracefully say no
  - Don’t apologize for being a working mother
- Outsource freely!
- Be flexible, and that includes relaxing your standards

Do Some Soul Searching
- Thoughtfully consider what it is you want to do and/or have to do
  - Many working mothers work part-time during the early years
- Play to your strengths
- Superwoman is NOT the only success story!

Closing Thoughts
- There is no “right” answer
- There is no such thing as achieving balance, just becoming an expert juggler
- If you can’t find a role model, try to be one
Change is Good, *(Say it with me!)* Presented by Heather Ready, MBS

It is said that change is inevitable… it is a fact of life and the world we live in. The secret may lie in how we choose to react to change. As leaders we are often “change agents” within our businesses or practices, driving change to better the organization or to remain competitive in our environment. This talk is about “managing change” rather than letting it “manage you”. You will learn pearls to focus you on the upside of change while minimizing the downside. We will share Ideas to inspire, motivate and encourage your team to embrace change enabling the organization to move forward effectively.
Life and it’s Changes

Presented by Polly Neely, SLACK, Inc.

› Anything I’ve ever done that ultimately was worthwhile... initially scared me to death.
  -- Betty Bender.

› Marriage
› Moving away from my family
› Childbirth
› Divorce
› Raising Children on my own
› Being on my own

Facing the Truth, not easy

› People grow through experience if they meet life honestly and courageously. This is how character is built.
  -- Eleanor Roosevelt
'There is a certain relief in change, even though it be from bad to worse! As I have often found in travelling in a stagecoach, that it is often a comfort to shift one's position, and be bruised in a new place.'

-Washington Irving

---

'Life is a process of becoming, a combination of states we have to go through. Where people fail is that they wish to elect a state and remain in it. This is a kind of death.'

-Jone Johnson Lewis
Addressing Change in the Workplace (Personal and Professional) Presented by Lillie Espinosa, Sirion

Supporting Employees During Life/Work Changes

BY LILLIE ESPINOSA
VICE PRESIDENT, HUMAN RESOURCES
SIRION THERAPEUTICS

My Career

• 12 Years in Outplacement/Career Transition
• Challenges of Managing Transitions are Similar to Life Challenges
• See Transition as Process of Discovery That Uncovers More Opportunities
Addressing Change in the Workplace (Personal and Professional) Cont.

**Life Changes and Work**
- All employees bring personal problems to the job
- Impact how they view themselves and thus job performance
- Stress and its impact
- Goals:
  - Help them manage the situation creating the stress
  - Help them manage the emotions they are going through and reduce the stress

**Helping Employees with Life Changes**
- HR/managers need to keep tabs
- Managers need to be approachable, understand the value of receiving and giving feedback
- First priority is open door policy
- Resources above and beyond EAPs:
  - Literature, resource library, speakers
- Need to establish trust with both internal and external resources

**Establishing Trust**
- Trust is the basis for a higher level of loyalty
- Employers often miss the boat
- Model the trust behavior you would like to see
- Honesty, especially on business decisions that will not be popular
  - Wins employee buy-in on company challenges faced
- Listening and communication skills
  - Training for HR and management
Active Listening and Sensitivity

- Management should be "on the floor"
  - Solicit employee suggestions/ideas
  - Solicit feedback — how are we doing as managers?
  - Know the challenges they are facing

- Focus groups and employee surveys

- Look for changes in people’s patterns
  - Cues: sad face, curt replies, changes in work habits

Questions to Ask Employees

- How are you doing today?
- You seem preoccupied, is there something I can do?
- Have you mentioned to your manager what you are experiencing?
- Have you sought out the help of EAP, therapist, religious support or a counselor?

Life Challenges: Losing a Home

- Address carefully to avoid disrespect and reduce embarrassment

- Realize that a lot behind the scenes leads to a foreclosure

- Help employee access financial resources/counsel

- Consider pay advances, payout on vacation time
Addressing Change in the Workplace (Personal and Professional) Cont.

**LIFE CHALLENGES**

**BEREAVEMENT**
- Counsel all affected employees
- Help them get to the next step
- Suggest religious resources
- Check in frequently
- Let employee know you care
- Attend the services

**LIFE CHALLENGES**

**RETIREMENT**
- Help them with retirement decision
  - Financials, activities, etc.
  - How they will fill time
  - Impact on spouse
  - Supplementing income
- Help them plan post-retirement life
  - Entrepreneurship
  - Volunteer activities
  - Part-time work

**LIFE CHALLENGES**

**“Empty Nest”**
- Dealing with loneliness, free time
- What to do with the house
- Pursue new activities
  - Volunteer activities
  - Local organizations
Addressing Change in the Workplace (Personal and Professional) Cont.

**Life Challenges**

**Bereavement**
- Counsel all affected employees
- Help them get to the next step
- Suggest religious resources
- Check in frequently
- Let employee know you care
- Attend the services

**Life Challenges**

**Retirement**
- Help them with retirement decision
  - Financials, activities, etc.
  - How they will fill time
  - Impact on spouse
  - Supplementing income
- Help them plan post-retirement life
  - Entrepreneurship
  - Volunteer activities
  - Part-time work

**Life Challenges**

“Empty Nest”
- Dealing with loneliness, free time
- What to do with the house
- Pursue new activities
  - Volunteer activities
  - Local organizations
Addressing Change in the Workplace (Personal and Professional) Cont.

**Life Challenges**

**Child Care**
- Always a challenge
- Navigating through pregnancy, adoption and new arrival
- Encourage them to plan
- Family and Medical Leave Act policy
  - Sirion: employees use up vacation and sick time first before FMLA

**Marriage**
- Wedding is positive but still stressful
- Some employees can handle the planning
- Others need managers to check in
  - Ask the right questions
  - Suggest resources

**Elder Care**
- Many community programs
- EAP program
Addressing Change in the Workplace (Personal and Professional) Cont.

**Life Challenges**

**Substance Abuse**

- Warning signs: absenteeism, tardiness, aroma, impaired performance
- Need to get employee to recognize problem
- Use documentation to overcome denial
- Help employee in every way possible
- BUT manage possible risk

**Results**

- Employees you have helped spread the word fast
- If you provide the right environment and resources, employees get active and the program starts to manage itself
Top Ten Tips for Industry Relationship Building

Presented by Susan Zajfen, AMO

10 tips to get great relationships with industry

Susan Zajfen
Advanced Medical Optics
Global Director: Congresses & Product Promotions

My background

- A native of England and a Registered Nurse
- Lived in Montreal, Canada before moving to California
- Nurse Practitioner at UCI Medical Center
- Transitioned into industry
- Marketing and professional relations
- Liaison between industry and medical professional
- Understand the perspective of both sides

Why this topic?

- Answer a need expressed by health professionals and academic leaders who are having to deal with the frustrations on “How to Talk” with corporations and companies…(industry)
- Understanding how best to go about making contacts – avoid wasting time – and get what you want
Top Ten Tips for Industry Relationship Building Cont.

Why the need to build relationships?

- What your organization does--your programs--is the highest priority for any leader - chairperson
- Fundraising is often the second
  - Educational grants
  - Speaker support
  - Meeting sponsorships
  - Research
- Strong industry-corporate relations can be important to you and your organization and your career
- Mutually beneficial

Number 10
What’s in it for me (WIFM)

Corporations give in order to get...exposure, publicity, community respect, market share
- Demonstrate benefit to the company
- For profit organizations
- Funding is often episodic:
  - Revolving around particular campaigns
  - Events and projects
  - Market place influences
  - Budget cycles
  - Unpredictable

Number 9
Understand what they have to offer

Corporations most commonly donate cash
- Donate the use of their facilities
- Property
- Services
- Advertising support
- People support
  - Target your requests to fit the need
Top Ten Tips for Industry Relationship Building Cont.

Number 8
Timing is everything
Know budget cycles
- Focus requests at the right time
  - Be ready by QRT 2
  - Get your request in early
  - Follow up
  - Apply more than once
- Call, write, e mail

Number 7
Develop a plan
One size may not fit all
- Variations company to company
- Be clear about what you want
  - Ask for it
  - Create a one page document
  - Include your mission statement
  - Be appreciative for previous support .......

Number 6
KISS
Make it easy
- Give enough information to make an informed decision
- One call, e mail or letter
- Be flexible
  - Offer levels of sponsorship
  - List deliverables
  - Follow up
Top Ten Tips for Industry Relationship Building Cont.

Number 5
Save time

- Have a target list
  - Companies
  - Expand to include new as well as current contributors
- Know who to contact in companies - titles, departments, roles
- Get relevant personal information, such as the best way to reach them, best time
- Do the easy stuff first
  - Go after the low hanging fruit first

Number 4
Phase in your requests

- Not just a one time request
- Ask quarterly for each target company
  - Persistence often pays off
- Organization is key – ready to answer questions, show passion, personalize
- Schedule to meet in person
  - Congresses coffee/lunch/drinks

Number 3
Dealing with turnover

- Change in leadership
- Send out announcement letter
- Communicate regularly
- Know who to contact in companies - titles, departments, roles
- Get relevant personal information, such as the best way to reach them, best time
- Update the information when there is turn over
- Positions change – so keep up to date
- Use local representative
**Number 2**  
**Prepare your elevator speech**

One time to make a first impression
- Be ready for the unexpected opportunity
  - End with a call to action
  - Call your office next week
  - Will drop you an e mail
  - Be ready with your business card
  - Send you a brochure
    - Who’s attention should it go to

---

**Number 1**  
**Don’t reinvent the wheel**

Successfully transition your relationships to the incoming chairperson
- Avoid starting over each time
- Did I mention budget cycles
- Builds consistency and longevity in relationships
  - Last an entire career
  - Transition into friendships

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**10 tips to get great relationships with industry**

Susan Zajfen  
Thank You!  
Contact me at  
Phone: 714-247-8314  
Susan.Zajfen@amo-inc.com
Essential Networking Skills Presented by Yari Mitchell

Let’s face it, people want to do business with their friends. Have you ever had to choose between two people to work on a project for you? If a close friend was competing with a stranger for your business, all things being equal, who would you give the opportunity to? Developing a plan, executing on a strategy and sharing in the glory is definitely more rewarding if your partner in the process is someone you like. So how do you build a network of people who want to work with you?

Successful networking is comprised of three basic steps: 1) Connecting with others, 2) Providing value and 3) Follow-through. Sounds simple right? In concept it is simple, however all three components require specific skills that may or may not come naturally. For example, a people who is naturally shy may struggle with meeting new people, however once engaged are excellent at following-up. Conversely, a more outgoing person may excel at making connections, but fall flat in determining how to take the next step toward building a long-term fruitful relationship. By focusing on strategies to overcome personal networking challenges and cultivating natural strengths, anyone can become an expert at networking. Attendees to this session will learn about the fundamentals of connecting and strategies for identifying and overcoming barriers to developing a rich, healthy network.

Following the presentation, attendees will be able to put the skills learned into practice in the Speed Networking session. This session will provide attendees with a dedicated opportunity to meet colleagues and begin growing their professional relationship base.
Emotional Intelligence and Gender in Communication: Was it something I said?
Presented by Marie Amey-Taylor, EdD

Emotional Intelligence:
The Definitive Tool for Effective Interactions in Clinical and Non-Clinical Settings

As Ophthalmologists and others working in clinical and non-clinical settings, one must interact and serve a variety of constituencies, from patients to colleagues and others with whom we must interact to effectively do our jobs. To successfully communicate and interact with professionalism, patience, empathy and finesse with diverse audiences requires emotional intelligence, which can be defined as the ability to manage yourself and your relationships. Research suggests that emotional intelligence (EQ) has been isolated as the variable that has allowed extraordinary people to rise to levels of leadership in their respective professions and to maximize their potential.

By the end of the session, participants will be able to:
- define emotional intelligence and describe the advantages of leveraging emotional intelligence in professional, clinical and interpersonal interactions;
- identify and assess their abilities in each of the model’s four quadrants (awareness of self; self-management/regulation; awareness of others; and adeptness in interpersonal relations and situations);
- determine their social/interpersonal style(s); and
- practice building cross-gender communication skills and their abilities to style flex (to modify one’s interactional style to facilitate communication with others whose style(s) may be similar or different from one’s own).

This presentation will include but not be limited to research, models and materials developed by the following: Daniel Goleman, Deborah Tannen, Wilson & Wilson Associates and Relationships Strategies by T. Alessandra. The presentation methodology will incorporate the use of a short/user-friendly self assessment on social/ personality styles, a fun quiz on gender communication, demonstration/roleplays and an experiential activity at the end of the presentation that will provide participants with an opportunity to practice concepts covered in the training in a way that is both interesting and active.
How Women Can Use the Power of Negotiation to Get What They Really Want
Presented by Sara Laschever

Objectives: To improve the negotiation skills of attendees. To develop a wide range of strategies to be used in negotiating and develop arguments to successfully obtain desired outcomes.

Outcome: Attendees expand knowledge regarding strengths and strategies to successfully negotiate in the field of ophthalmology. Attendees are better able to advocate for their patients, their practices and for the field of ophthalmology in general.

Women and the Power of Negotiation: Learning to Ask
Whether they want higher salaries, better career opportunities or more help at home, women are much less likely than men to ask for what they want. Sara Laschever will look at the causes of this recently recognized phenomenon and assess the shockingly high price paid by women, their families, and their employers if they don’t take steps to address it. She’ll describe ways for women to recognize more opportunities to negotiate, evaluate the economic value of their work, rehearse their negotiations beforehand, and employ negotiating strategies that have been shown to work well for women.

In their groundbreaking book, Women Don’t Ask, Linda Babcock and Sara Laschever uncovered a startling fact: even women who negotiate brilliantly on behalf of others often falter when it comes to asking for themselves. Now they’ve developed the action plan that women all over the country requested—a guide to negotiation that starts before you get to the bargaining table.

Ask for It explains why it’s essential to ask (men do it all the time) and teaches you how to ask effectively, in ways that feel comfortable to you as a woman. Whether you currently avoid negotiating like the plague or consider yourself hard-charging and fearless, Babcock and Laschever’s compelling stories of real women will help you recognize how much more you deserve—whether it’s a raise, that overdue promotion, an exciting new assignment, or even extra help around the house. Their four-phase program, backed by years of research, will show you how to identify what you’re really worth, maximize your bargaining power, develop the best strategy for your situation, and manage the reactions and emotions that may arise—on both sides. Guided step-by-step, you’ll learn how to draw on the special strengths you bring to the negotiating table to reach agreements that benefit everyone involved.

This collaborative, problem-solving approach will propel you to new places both professionally and personally—and open doors you thought were closed. Because if you never hear no, you’re not asking enough.
Eye surgeons are confronted with a wide variety of patient conditions with varying outcomes. Now What Do I Do? will present a variety of clinical scenarios for which an ophthalmologist would need risk management help in order to avoid patient harm and liability exposure.

Course Objectives
After participating in Now What Do I Do? ophthalmologists who face unanticipated clinical situations will be able to act initially in ways that:
- Provide care in the patient’s best interest
- Reduce the likelihood of a medical malpractice lawsuit
- Maintain ethical and professional standards

Course Outline
- Introduction of faculty, discount process
- Legal elements of medical malpractice
- Course objectives
- C3DEF Approach to Initial Management
- Clinical situations
- #1: Wrong IOL (Cataract, Identification of the patient/site/IOL)
  - Possible initial actions
  - Risk analysis of initial actions
  - Additional steps and resources
- #2: Delay in treatment (Retina, Telephone screening of ophthalmic problems)
  - Possible initial actions
  - Risk analysis of initial actions
  - Additional steps and resources
- #3: Complication of cataract surgery (Disclosure of unanticipated outcome)
  - Possible initial actions
  - Risk analysis of initial actions
  - Additional steps and resources
- #4: Delay in diagnosis (Pediatric, Collegial criticism, follow-up)
  - Possible initial actions
  - Risk analysis of initial actions
  - Additional steps and resources
- #5: Curbside consult (Cornea, Glaucoma, Documentation of phone calls)
  - Possible initial actions
  - Risk analysis of initial actions
  - Additional steps and resources
  - Additional steps and resources
- #6: Complication of office procedure (Fluorescein angiogram, Documentation of complication)
  - Possible initial actions
  - Risk analysis of initial actions
  - Additional steps and resources
- Questions
What's New in Ophthalmology

- Changes in professional and facility reimbursement.
- Continued steady growth in cataract surgery.
- Changing demographics to cause increase in rate of cataract surgery and other eye disease.
- Shift to refractive cataract surgery.
- "Soft" demand for LASIK.

Changes in Professional Reimbursement

- 6-month reprieve from the 10.1% reduction in Medicare physician reimbursement.
- New legislation replaces reduction with 0.5% positive update through 6/30/08; however physician fees could be reduced by 10.6% effective 7/1/08 if Congress does not act before that time.
- Legislation also extends rural physician payment provisions and PQRI, which will still be voluntary with bonus payments through 2008.
- Eye codes revalued resulting in 2008 payment increases; RVUs for E/M codes increase.
Market Trend in Ophthalmology Cont.

Trends in Conversion Factors

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<th>2013</th>
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<td>$0.00</td>
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<td>$39.70</td>
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Changes in Professional Fee Reimbursement(1)

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<td>YAG Capsulotomy</td>
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<tr>
<td>New Patient Exam</td>
<td>92004</td>
<td>$121.09</td>
<td>$124.65</td>
<td>+2.92%</td>
</tr>
<tr>
<td>Established Patient Exam</td>
<td>99213</td>
<td>$59.05</td>
<td>$59.80</td>
<td>+1.33%</td>
</tr>
</tbody>
</table>

(1) Fees represent the national average Medicare reimbursement rate.

Final Changes to ASC Payment Methodology

- Final rule issued in November of 2007 with a four-year phase in; ASC payment rates will be fully implemented in 2011.
- Payment methodology based on HOPD rates; 2008 fees at 65% of corresponding HOPD rate.
- Procedures performed more than 50% of the time in office setting will be limited to lesser of ASC rate or non-facility practice expense amount.
**HOPD Payment Rates**

<table>
<thead>
<tr>
<th>CPT</th>
<th>Procedure</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>66984</td>
<td>Cataract</td>
<td>$1,254</td>
<td>$1,329</td>
<td>$1,388</td>
<td>$1,453</td>
</tr>
<tr>
<td>66821</td>
<td>YAG Capsulotomy</td>
<td>$270</td>
<td>$290</td>
<td>$299</td>
<td>$313</td>
</tr>
<tr>
<td>66170</td>
<td>Trabeculectomy</td>
<td>$1,171</td>
<td>$1,261</td>
<td>$1,312</td>
<td>$1,414</td>
</tr>
<tr>
<td>66180</td>
<td>Aqueous Shunt</td>
<td>$1,464</td>
<td>$1,657</td>
<td>$1,731</td>
<td>$2,326</td>
</tr>
</tbody>
</table>

---

**Four-Year Phase In**

- Phase in slows down rate of increase for some procedures (cataract and vitreoretinal), but decreases for other services such as YAGs are feathered in over four years rather than two.
- Inflation updates will commence in 2010; providing some growth opportunity in the years ahead.

**Payment Rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>% Based on 2007 Rate</th>
<th>% Based on Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>2009</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>2010</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>2011</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

---

**Estimated Fee Changes**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13621</td>
<td>Blepharoplasty</td>
<td>$919</td>
<td>$999</td>
<td>$873</td>
<td>$770</td>
<td>$696</td>
</tr>
<tr>
<td>13623</td>
<td>Blepharoplasty</td>
<td>$171</td>
<td>$147</td>
<td>$777</td>
<td>$823</td>
<td>$870</td>
</tr>
<tr>
<td>96190</td>
<td>Glaucoma Surgery</td>
<td>$446</td>
<td>$574</td>
<td>$703</td>
<td>$848</td>
<td>$958</td>
</tr>
<tr>
<td>86621</td>
<td>YAGs</td>
<td>$312</td>
<td>$268</td>
<td>$294</td>
<td>$244</td>
<td>$224</td>
</tr>
<tr>
<td>66884</td>
<td>Cataract</td>
<td>$973</td>
<td>$977</td>
<td>$981</td>
<td>$1,004</td>
<td>$1,038</td>
</tr>
<tr>
<td>87298</td>
<td>Removal Inner Eye Fluid</td>
<td>$685</td>
<td>$686</td>
<td>$700</td>
<td>$733</td>
<td>$452</td>
</tr>
<tr>
<td>87299</td>
<td>Laser Treatment of Retina</td>
<td>$696</td>
<td>$1,131</td>
<td>$1,268</td>
<td>$1,432</td>
<td>$1,603</td>
</tr>
<tr>
<td>87958</td>
<td>Repair Detached Retina</td>
<td>$696</td>
<td>$1,131</td>
<td>$1,268</td>
<td>$1,432</td>
<td>$1,603</td>
</tr>
<tr>
<td>87904</td>
<td>Repair Eyelid Defect</td>
<td>$630</td>
<td>$686</td>
<td>$703</td>
<td>$754</td>
<td>$807</td>
</tr>
<tr>
<td>87291</td>
<td>Repair Eyelid Defect</td>
<td>$510</td>
<td>$576</td>
<td>$643</td>
<td>$723</td>
<td>$807</td>
</tr>
</tbody>
</table>

(1) Fee increase is in "National" Medicare fees. 
(2) 2010 and 2011 fees are estimated using 2% inflationary index over prior year rates.
Market Trend in Ophthalmology Cont.

Demographic Trends

- Demographic trends will influence growth in cataract surgery, as well as other eye diseases.

Forecast of Population by Age

<table>
<thead>
<tr>
<th>Year</th>
<th>0 - 14 Years</th>
<th>15 - 44 Years</th>
<th>45 - 64 Years</th>
<th>65 and Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>144,513,653</td>
<td>184,912,345</td>
<td>33,512,894</td>
<td>22,500,123</td>
</tr>
<tr>
<td>2015</td>
<td>146,513,653</td>
<td>186,912,345</td>
<td>33,512,894</td>
<td>22,500,123</td>
</tr>
<tr>
<td>2020</td>
<td>148,513,653</td>
<td>188,912,345</td>
<td>33,512,894</td>
<td>22,500,123</td>
</tr>
</tbody>
</table>

Population Estimates by Age

- Year 2008

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 14 Years</td>
<td>10%</td>
</tr>
<tr>
<td>15 - 44 Years</td>
<td>25%</td>
</tr>
<tr>
<td>45 - 64 Years</td>
<td>30%</td>
</tr>
<tr>
<td>65 and Older</td>
<td>35%</td>
</tr>
</tbody>
</table>

Historic Trends in Cataract Surgery

- Number of Procedures

<table>
<thead>
<tr>
<th>Year</th>
<th>Number in Thousands</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960</td>
<td>0.6</td>
</tr>
<tr>
<td>1970</td>
<td>1.0</td>
</tr>
<tr>
<td>1980</td>
<td>1.2</td>
</tr>
<tr>
<td>1990</td>
<td>1.4</td>
</tr>
<tr>
<td>2000</td>
<td>1.6</td>
</tr>
<tr>
<td>2010</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Source: 1998 data is from the Learning Survey, which reports on data from the American Society of Cataract and Refractive Surgeons ( ASCRS). The volume for 2000 through 2008, and 2007 estimates are from Market Scope, Ophthalmic Market Perspectives.
Market Trend in Ophthalmology Cont.

Projected Cataract Volume

<table>
<thead>
<tr>
<th>Age</th>
<th>2005(1)</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 64(2)</td>
<td>791,540</td>
<td>812,237</td>
<td>829,131</td>
<td></td>
</tr>
<tr>
<td>65 &amp; Older(3)</td>
<td>2,256,055</td>
<td>2,624,437</td>
<td>3,065,702</td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>2,821,300</td>
<td>3,047,595</td>
<td>3,436,674</td>
<td>3,894,833</td>
</tr>
</tbody>
</table>

(1) 2005 data per Market Scope, Ophthalmic Market Perspectives.
(2) Estimated based on a utilization rate of 3.1 per 1,000 for the population under age 65.
(3) Estimated based on a utilization rate of 56.8 per 1,000 for the population age 65 and older.

Shift to Refractive Cataract Surgery

- Phakic IOLs and Refractive Lens Exchange (RLE) increasing in popularity.
- 2007 Phakic IOL volume up 15.1% and RLE volume up 8.8% when compared to 2006.
- Phakic IOLs continue to be used in only a small percent of total IOL implants.
- Despite concern about risks associated with RLE, approximately 1/3 of surgeons now offer this procedure.

Source: Market Scope, Ophthalmic Market Perspectives
**P-IOL Market Trends**

- Demand for P-IOLs increased 29.7% in Q-4 ’07 compared to Q-4 ’06 and 8.9% as compared to Q-3 ’07.
- Cataract-only surgeons slow to adopt P-IOL due to additional time required with patients.
- Refractive/cataract surgeons most successful with P-IOL technology (MDs and staff accustomed to selling and collecting directly from patients, explaining technology and managing expectations).

*Source: Market Scope, Ophthalmic Market Perspectives*

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**Trends in P-IOL & Phakic IOL Procedures**

![Chart showing trends in P-IOL & Phakic IOL procedures]

*Source: Market Scope, Ophthalmic Market Perspectives*

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**What’s New in the LASIK Market**

- Procedure volume flat to down; laser center/surgeon volume declining due to economic concerns and increase in the number of centers.
  - Q-4 ’07 procedures per center down 3% compared to Q-4 ’06; full year ’07 volume up 1.1%.
  - Q-1 ’08 forecast down 8.9% compared to Q-1 ’07.
- LASIK prices fluctuating in recent quarters. Average price for LASIK in Q-4 ’07 increased 3.4% over Q-4 ’06 ($2,081 vs. $1,994).
- Demand for refractive surgery expected to decline due to weak consumer confidence and economic uncertainty.

*Source: Market Scope, Ophthalmic Market Perspectives*
Market Trend in Ophthalmology Cont.

Activity in the Corporate Market

- Expansion of corporate laser centers has changed competitive landscape; companies are aggressively expanding into most metro areas.
- At the end of Q-4 2007 there were 347 corporate-owned centers vs. 343 in Q-4 2006.
- LCA-Vision doubled the number of centers during past 5 years; average procedures per center is more than double national average.

U.S. Refractive Procedures Performed Annually

Source: Market Scope Ophthalmic Market Perspectives

Quarterly Trend of U.S. Refractive Procedures

Source: Market Scope Ophthalmic Market Perspectives – Refractive procedures includes Lasik, CK, refractive lens exchange and phakic IOLs.
Market Trend in Ophthalmology Cont.

**Average LASIK Price By Quarter**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2016</td>
<td>$2,250</td>
</tr>
<tr>
<td>Q2 2016</td>
<td>$2,000</td>
</tr>
<tr>
<td>Q3 2016</td>
<td>$1,750</td>
</tr>
<tr>
<td>Q4 2016</td>
<td>$1,500</td>
</tr>
<tr>
<td>Q1 2017</td>
<td>$1,250</td>
</tr>
<tr>
<td>Q2 2017</td>
<td>$1,000</td>
</tr>
<tr>
<td>Q3 2017</td>
<td>$750</td>
</tr>
<tr>
<td>Q4 2017</td>
<td>$500</td>
</tr>
</tbody>
</table>

*Note: Market Scope Surveys of Refractive Surgeons*

---

**What will be the likely impact of these trends?**

---

**Likely Impact**

- Providers will seek new and innovative strategies to combat reimbursement changes.
- Emerging technology and demographic trends will drive significant changes in the practice profiles for many eye care providers.
- Practices must understand and manage physician capacity.
Market Trend in Ophthalmology Cont.

Clinic Capacity Assessment

<table>
<thead>
<tr>
<th></th>
<th>M.D.</th>
<th>O.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Days Available</td>
<td>260</td>
<td>260</td>
</tr>
<tr>
<td>Less Holidays/Vacation/CME</td>
<td>40</td>
<td>30</td>
</tr>
<tr>
<td>Less Operating Days</td>
<td>44</td>
<td>0</td>
</tr>
<tr>
<td>Actual Available Days</td>
<td>176</td>
<td>230</td>
</tr>
<tr>
<td>Scheduling Template @ 6 and 3 per Hour Respectively</td>
<td>8,448</td>
<td>5,520</td>
</tr>
<tr>
<td>Actual Visits Seen</td>
<td>6,500</td>
<td>3,500</td>
</tr>
<tr>
<td>% of Available Clinic Capacity</td>
<td>77%</td>
<td>63%</td>
</tr>
</tbody>
</table>

Additional Likely Impact

- A supply/demand imbalance of ophthalmologists may occur in the next five to ten years.
- A potential buyer’s market for new providers may evolve.
- Market pressures combined with improving lens technology will drive increases in refractive cataract and clear lens procedures.

A practice that plans properly will be able to take full advantage of emerging market trends.
Market Trend in Ophthalmology Cont.

Closing Comments

- Understand how market changes will impact your practice.
- Carefully analyze areas of opportunity to enhance provider productivity and practice efficiency.
- Identify areas of opportunity to drive additional cases to your ASC and to take advantage of the changes in reimbursement.

Karen Fallon
Allergan
fallon_karen@allergan.com
Financial Benchmarking: Do You Know What Your Numbers Mean?

Jill Maher
Eye Care Business Advisor

Key Session Objectives

☐ Provide practical information to assist you in better managing your practice.

☐ Offer useful tools to facilitate data reporting and interpretation.

Financial Benchmarking Presented by Jill Maher

Summer Symposium 2008
Financial Benchmarking Cont.

Commonly Asked Questions by Ophthalmologists

- Am I making as much as most ophthalmologists?
- Is my overhead too high?
- Are collections efforts appropriate and effective?
- Is my dispensary as profitable as it should be?
- Do I have too many or too little staff?
- Should I hire a new associate?
- Does it make sense to open another office?
- Am I as efficient as I should be?

Sound business decisions cannot be made without “good” information.

What Makes for “Good” Information?

- Operating results are available on a timely basis.
  - Information is summarized in a clear and concise manner.
- Results are reported with comparisons to prior periods and/or budget.
  - Trends are clearly indicated.
Financial Benchmarking Cont.

What Should You Measure?

- Profitability and overhead management.
- Productivity, capacity utilization and staffing measures.
- Cash flow management efficiencies.
- Patient and employee satisfaction.

Success in a medical group can be defined in a variety of ways.

Financial Assessment Tools

- Benchmarking
  - Comparison of the practice with similar practices.
- Trend Analysis
  - Comparison of the practice with its historical and projected performance.
- Financial Summary
  - Condensation of critical financial information.
  - Provides the owner with a concise comparison of recent, current, and projected practice performance.

What is Benchmarking?

The process of measuring and comparing your practice with historical results or with other “like kind” or better performing practices.
Financial Benchmarking Cont.

Why Should I Benchmark My Results?

- Focuses you on key operating metrics that impact practice performance.
- Helps identify areas for potential performance improvement opportunities!

Efficiency Benchmarks

Operating Expense Ratio

- Required:  
  - Total Operating Expenses
  - less MD Compensation and Benefits
  - Net Collections (gross collections less refunds)
- Formula: Total operating expenses divided by net collections.
- Used For: Identification of practice efficiency in conversion of collections into professional compensation. This statistic is not an absolute and should only be used as an adjunct to other indices.
- Healthy Range: 48% - 68%
Non-MD Payroll Ratio

**Required:**
- Gross Non-MD Payroll
- Net Collections (gross collections less refunds)

**Formula:**
Gross non-MD payroll divided by net collections.

**Used For:**
Assessment of practice efficiency in utilization of non-professional personnel. Extremely low percentages may indicate physician inefficiency, while high percentages generally indicate overall practice inefficiencies.

**Healthy Range:** 20% - 26%

Net Collections Per Encounter

**Required:**
- Net Collections (gross collections minus refunds)
- Total Patient Encounters (include new, established, and no charge visits)

**Formula:**
Net collections divided by total patient encounters.

**Used For:**
Practice efficiency assessment tool; track trends over time for the entire practice and by physician; useful tool to build revenue model in budget planning.

**Healthy Range:** $150 - $225

Productivity Benchmarks
Financial Benchmarking Cont.

New Patient Ratio

Required: ▶ Number of New and Established Patient
▶ Visits for the reporting period.

Formula: New patients divided by the total number of new and established patients.

Used For: Assessment of practice health in generating new patients. Do not focus on results for a given month, but instead look at year to date or trailing 6 or 12 months data.

Healthy Range: 15% - 30%

Number of FTE Support Staff per FTE MD

Required: ▶ Number of FTEs (total annual employee hours divided by 2,080)
▶ Number of FTE MDs

Formula: FTE support staff divided by FTE MDs.

Used For: Assessment of staff utilization and physician productivity.

Healthy Range: 6 - 8

Net Collections per FTE MD

Required: ▶ Net Collections (gross collections minus refunds)
▶ Number of FTE MDs

Formula: Net collections divided by the number of FTE MDs.

Used For: Assessment of physician productivity; track year-over-year trends and inter-doctor variances.

Healthy Range: $800,000 - $1,200,000
Financial Benchmarking Cont.

Patient Encounters per FTE MD

Required:
- Number of Patient Encounters (utilize all visits with posted EAM and ophthalmic visit codes; include no charge visits)
- Number of FTE MDs

Formula: Number of patient encounters divided by the number of FTE MDs.

Used For: Assessment of physician productivity; track and follow monthly trends and inter-doctor variances.

Healthy Range: 5,000 - 8,000

Benchmarking Caveats

- Avoid overreaction to monthly fluctuations.
- Standards should be considered “soft” and deviation within limited measures does not necessarily indicate a problem.
- Ratios will vary, depending on practice service offerings.

Sample Benchmarking Report

- Various financial metrics and ratios are shown, including operating income, margin, and net revenue, with data for different periods.
Financial Benchmarking Cont.

Use the Benchmarking Data as a Planning Tool

- Establish practice goals for each measure.
- Consider establishing incentive plan tied to achievement of performance levels.
- Educate team members about benchmarking and periodically review results.

Summary

- Focus on what you need to know!
- What you understand, you can control!
- Understand your numbers … hope is not a strategy!
How to Become an Effective Communicator
Presented by Marsheila DeVan

Brief Description of Session: The workshop will provide practical, how-to-overview of presentation skills to help sharpen the delivery of your message. Participants will discuss tips and techniques to create a confident presence in front of a group and increase your effectiveness, in connecting with your audience. The session will review the use of vocal variety, gestures, facial expressions, and movement to enhance your delivery in a “learn-by-doing” format. Participants will reinforce their learning by presenting with supporting visuals, handling questions and answers, and dealing effectively with challenging situations. Participants will receive concentrated practice in a supportive, non-threatening environment with a content expert.

Objectives:
1. At the end of this presentation the participant will be able to:
2. Identify techniques to improve your presentation skills and public speaking to improve communications with patients/personnel and professionals.
3. Polish current skills and develop new techniques to create a confident presence in front of a group including lay patient groups and fellow health professionals.
4. Receive personalized instructor and peer feedback and coaching on presentation style.
5. Acquire skills to improve working with visuals, answering questions and dealing with difficult situations.

Outline:
1. Opening Activities- Overview of the program and groups expectations. Instructor solicits input from group about their experience presenting and discusses factors affecting believability and credibility.
2. Reducing Nervousness: Enjoyable Conversation – Pair off participants to discuss hobby or favorite vacation. Tell group they just learned one way to reduce their nervousness. (The art of conversation – offer other tips to connect with your audience quickly).
3. Volunteers are selected to present in front of the room. The instructor will offer alternative speaking behaviors to the group and monitor and coach personal characteristics of voice, eyes, gestures, and other mannerisms to enhance the delivery of their message.

Effective Use of Visuals – Instructor will offer tips on effectively working with visuals and the group will have an opportunity to practice. Next the instructor will review and teach the skills of paraphrasing questions, directing question, and handling answers.
POSTER ABSTRACTS
Pro-NGF Mediates Vascular and Neuronal Complications of Diabetic Retinopathy


Purpose: Diabetic retinopathy, characterized by blood-retinal barrier (BRB) breakdown and neurotoxicity, is associated with increases in oxidative stress and inflammation. Accumulation of pro-nerve growth factor (proNGF) has been associated with oxidative stress in injured vascular and neuronal tissues. The purpose of this study is to determine the pro-inflammatory role of peroxynitrite in mediating diabetes-induced vascular and neuronal complications and to evaluate the protective effects of Atorvastatin.

Methods: Diabetic rats were treated with Atorvastatin (10mg/kg/day, oral) or FeTPPs (15mg/kg/day, IP). BRB breakdown was assessed by fluorescein-conjugated BSA. Neuronal apoptosis was determined by TUNEL assay. Expression of proNGF and activation of RhoA were determined by Western Blot. Post-mortem eye samples were obtained from the GA Eye Bank.

Results: Experimental diabetes induced breakdown of the BRB, increased neuronal cell death and accumulation of proNGF in retinal Müller cells compared to controls. These effects were associated with increased oxidative stress, Rho Kinase activation and p75NTR expression. Treatment of diabetic animals with FeTPPs or Atorvastatin reduced levels of peroxynitrite, proNGF, restored BRB integrity and prevented neuronal cell death.

Conclusions: Diabetes-induced peroxynitrite formation stimulates proNGF accumulation leading to BRB breakdown and retinal neurodegeneration. Normalizing peroxynitrite using Atorvastatin or FeTPPs restores BRB integrity, reduces neurotoxicity, and prevents accumulation of proNGF. Taken together, these results suggest that inhibiting peroxynitrite or RhoA may be effective therapeutic targets in early diabetic retinopathy.

Financial Disclosure: Pfizer - Grant Support

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* Presenting Authors
Transconjunctival 20-gauge Pars Plana Vitrectomy Using a Single Entry Cannula System

Judy E. Kim, MD*, Deana Choi, BA, Sandeep N. Shah, MD, Tom Connor, Jr., MD, Dennis P. Han, MD

Purpose: Pars plana vitrectomy with 20-gauge transconjunctival cannulation system (TCS) has the potential of combining advantages of smaller gauge TCS with economical advantage of not needing to purchase any additional hand held instruments, since instruments from standard 20-gauge vitrectomy can be used. However, the sclerotomy size is much larger than 23 and 25-gauge TCS and self-sealing sclerotomies may be more difficult to construct. Therefore, we evaluated the need for suturing after performing 20-gauge TCS vitrectomy.

Methods: Retrospective chart review performed on first consecutive 54 patients who underwent 20-gauge TCS vitrectomy (Synergetics, inc., MO), employing a single step entry through conjunctiva and sclera using a knife-like bladed trocar.

Results: There were 55 eyes of 54 patients. Of the 164 sclerotomies made, 101 sclerotomies (62 %) did not require suturing. Remaining 63 sclerotomies (38 %) were closed with a single transconjunctival-scleral suture. Reasons for suturing included leakage and gaping at the sclerotomy, conjunctiva not covering the sclerotomy site, and prevention of gas leak in inferior retinal detachments needing full gas fill. Intraoperative difficulties noted include premature dislodging of cannulas and possible iatrogenic retinal tear. Post-operative complications included hypotony with hemorrhagic choroidal which resolved with observation and less than full gas fill.

Conclusions: With the single step 20-gauge TCS utilized in this study, suture rate was 38%. As long as one is willing to accept the higher suturing rate, this system may offer similar benefits and potential risks as smaller incision TCS vitrectomy without added cost of purchasing handheld instruments while maintaining benefits of traditional 20-gauge vitrectomy.

Financial Disclosure: No financial interest to disclose.
Funding Source: Unrestricted grant from Research to Prevent Blindness, New York

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* Presenting Authors
Intraorbital Surgery for Trigeminal Neuralgia

Susan M. Tucker, MD

Purpose: Trigeminal neuralgia or tic douloureux causes agonizing attacks of unilateral facial pain in 4-5 per 100,000 population. Twenty percent have involvement of the ophthalmic division of the trigeminal nerve (V1), which divides into the lacrimal, frontal and nasociliary nerves; although isolated V1 involvement occurs in only 3-4% of these patients. Current treatments include neuroleptic medications, percutaneous procedures (neurectomy via sub-brow incision, glycerol injection, radiofrequency thermal rhizotomy, balloon microcompression), gamma knife radiosurgery, and microvascular decompression. These treatments may fail, or have significant risks. Resecting a large segment of the frontal nerve, or its branches (supratrochlear and supraorbital nerves), within the orbit from a skin-crease incision may provide longer duration of pain relief than conventional supraorbital neurectomy.

Methods: Eight patients underwent anterior orbitotomy with resection of the supratrochlear and supraorbital nerves either under either general anesthesia or intravenous sedation.

Results: Of seven patients with typical idiopathic trigeminal neuralgia involving branches of the frontal nerve: 5 have no pain 10 to 65 (mean 44) months following surgery; 1 had recurrence of pain 2 years after the surgery; and 1 had 90% improvement, but residual pain bridge of nose (possibly nasociliary branch). The final patient with atypical pain had no improvement after the procedure.

Conclusions: The advantages of this procedure include direct access to frontal nerve and its branches, the supratrochlear and supraorbital nerves; short operating time (15-20 minutes); and no risk of corneal anesthesia (nasociliary branch not affected). The drawbacks include applicability to a very restricted population; transient ptosis; numbness in frontal nerve distribution; and unknown long-term success. This procedure may also be useful in some patients with first division post-herpetic neuralgia.

Financial Disclosure: No financial interest to disclose.

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The role of ocular imaging using Ultrasound Biomicroscopy and Anterior Segment Optical Coherence Tomography in the diagnosis and management of anterior segment pathology

Roxana Ursea, MD, Payam Morgan, BS, Brenda Gallagher, COT

**Purpose:** Ocular pathology affecting the anterior segment can present diagnostic problems because it often involves structures that are not readily accessible by routine examination methods. Our purpose was to assess and compare the utility of ultrasound biomicroscopy (UBM) and anterior segment optical coherence tomography (OCT) in the evaluation and management of patients with ocular pathology involving the anterior segment of the eye.

**Methods:** Retrospective review of imaging of 65 eyes with various conditions involving the anterior segment, examined with high-resolution ultrasonography using the VuMax Sonomed system (Sonomed, Inc, Lake Success, NY) and anterior segment OCT (Carl Zeiss Meditec Inc., CA) over a period of 12 months. While UBM requires immersion of the eye in a saline solution via an eye cup, the OCT is a non-contact, high-resolution technique customized for anterior segment evaluations. The findings were determined and the clinical relevance of UBM and anterior segment OCT information was analyzed.

**Results:** Abnormalities were found in 61 eyes of patients with the following etiologic diagnoses: anterior scleritis (5), intermediate uveitis (3), traumatic hyphema (4), foreign body (2), iris or ciliary body mass (8), intraocular lens (5) and various corneal pathology (34) including keratoconus, corneal edema, corneal scarring, keratitis, Salzman nodules. Indications for the UBM were: visualization of anterior chamber structures, visualization of posterior iris or ciliary body (CB), assessment of intraocular lens position, pre-operative assessment in eyes with hypotony or trauma, or poor visualization of the posterior segment, and for follow-up of documented abnormalities. Indications for anterior segment OCT were: assessment of the angle, measurement of corneal thickness, visualization of anterior iris, preoperative assessment. In the majority of cases the high-resolution imaging techniques confirmed the clinical diagnosis and was useful in the follow up of patients and planning for surgery. In cases of poor visualization due to corneal opacification or trauma, it offered invaluable information about the anatomy of anterior segment not available by other ocular examination technique.

**Conclusions:** Both UBM and anterior segment OCT are sensitive imaging techniques that provide excellent diagnostic clues in patients with anterior segment involvement. UBM is invaluable in accurately visualizing the posterior iris and ciliary body region. In our series these techniques were able to identify the cause of hypotony, discriminate between the various forms of anterior scleritis and provide information critical to surgical planning. The combination of these two techniques offers a complete assessment of the anterior segment.

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Distribution of DNA Sequence Variants in COL8A1 and COL8A2 in Glaucoma Patients With Thin CCT

D. Logan*, M. Triana, R. Jones, III, E. Delbono and J.L. Wiggs

Purpose: Collagen VIII is a major component of Descemet’s membrane, and is composed of two subunits, Col8a1 and Col8a2 which form homotrimers. Recent studies in mice have indicated that targeted inactivation of the genes encoding the Col8a1 and Col8a2 subunits (COL8A1 and COL8A2) results in dysgenesis of the anterior segment of the eye associated with a thin corneal stroma and thinned Descemet’s membrane (Hopfer et al., FASEB J 10:1232–44). Recent studies have also indicated that central corneal thickness (CCT) is a risk factor for glaucoma and that central corneal thickness is highly heritable in the human population. The purpose of this study is to evaluate COL8A1 and COL8A2 as candidate genes for thin CCT by determining if DNA sequence variants in COL8A1 and COL8A2 are associated with thin corneas in human patients with glaucoma.

Methods: For the pilot study, all of the coding and flanking intron sequence of the COL8A1 gene and the COL8A2 gene was screened for DNA sequence variants by direct genomic sequencing after PCR amplification. 14 glaucoma patients with CCT < 500 µm were screened for sequence variants in COL8A1 and COL8A2. In addition, 14 glaucoma patients with CCT >560 µm, were screened for sequence variants in COL8A2.

Results: The mean CCT of subjects with CCT < 500 µm was 494.9 ± 8.3 µm and the mean CCT of subjects with CCT > 560 µm was 592.8 ± 21.4 µm. There were no significant differences in CCT between the right and left eyes. DNA sequence variants in the COL8A1 gene were not found in any of the initial 14 patients with CCT < 500 µm. Screening of the COL8A2 gene, however, identified two missense changes, R155Q and P678L in 2 of the 14 patients with CCT < 500 µm. These changes were not found in the 14 patients with CCT > 560 µm. Both of these missense changes are evolutionarily conserved.

Conclusions: These results suggest that DNA sequence variants in the COL8A2 gene may be associated with thin corneas in some glaucoma patients. Interestingly, the R155Q missense mutation was found in the patient with the thinnest CCT. Missense changes in COL8A2 have also been found to be associated with Fuch’s corneal dystrophy and posterior polymorphous dystrophy. Descemet’s membrane has been shown to be thinned and disrupted in both of these disorders. Evaluation of the COL8A2 gene in a larger population of patients with thin and thick CCT is necessary before the role of this gene in corneal thickness can be established, and these studies are currently underway.

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