



Mayo School of Continuous Professional Development

*Current Concepts in
Primary Eye Care*

Thursday, November 5

2009

*Mayo Clinic
Siebens Building
Leighton Auditorium
Rochester, Minnesota*

General Information

COURSE DESCRIPTION

This one-day course is designed as a continuing education course for optometry, with a balanced assessment of clinically relevant advances in eye care. The course will be taught by Mayo Clinic ophthalmologists and optometrists and will feature lectures and interactive discussions with participating optometrists. The symposium will cover a variety of topics in contemporary eye care, including, but not limited to: sleep apnea and snoring, post-refractive surgery care, health care policy, low vision research, intermittent exotropia, glaucoma, retinal disease, and refractive care.

COURSE LEARNING OBJECTIVES

Upon conclusion of this program, participants should be able to:

- Counsel patients on options for treating sleep apnea.
- Interpret the implications of emerging infectious diseases.
- Assess the implications of health care reform on clinical practice.
- Counsel patients on the use of nutraceuticals in retinal disease.
- Evaluate the retina using OCT.
- Identify the patient with neurosarcoidosis.
- Evaluate refractive surgery complications.

Attendance at this Mayo course does not indicate nor guarantee competence or proficiency in the performance of any procedures which may be discussed or taught in this course.

INTENDED AUDIENCE

This course is designed for optometrists and Ophthalmologists.

CREDIT

College of Medicine, Mayo Clinic, is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Minnesota Board of Optometry credit and COPE approval is pending.

EDUCATIONAL GRANTS

This course is supported in part by educational grants in accordance with ACCME Standards.

At the time of this printing, a complete listing of commercial supporters was not available. Appropriate acknowledgment will be given to all supporters at the time of the meeting.

DATE AND LOCATION

Current Concepts in Primary Eye Care will be held Thursday, November 5, 2009, in Leighton Auditorium on the second floor of the Siebens Medical Education Building, Mayo Clinic, 100 Second Avenue Southwest, Rochester, Minnesota. Meeting facilities are easily accessible by skyway and pedestrian subway, which connect Mayo Clinic to shops, restaurants, and hotels.

REGISTRATION

To register online, visit: <http://www.mayo.edu/cme/ophthalmology.html>, or complete the attached registration form and return by mail or fax. The \$225.00 registration fee includes tuition, comprehensive course syllabus, continental breakfasts, lunch, and refreshment breaks. Although it is not Mayo School of CPD policy to limit the number of registrants for a course, conference room facilities may necessitate closing of enrollment; therefore, early registration is strongly advised. A letter of confirmation will be sent upon receipt of payment and completed registration form. Please present the confirmation letter when checking in at the meeting registration desk.

General Information

CANCELLATION POLICY

If you cancel your participation in this course, your registration fee, less a \$75 administrative fee, will be refunded when written notification is received by the Mayo School of CPD before October 22, 2009 (fax#: 507-284-0532). **No refunds will be made after October 22, 2009.**

Mayo School of CPD reserves the right to cancel or postpone any course due to unforeseen circumstances. In the unlikely event Mayo School of CPD must cancel or postpone this course, Mayo School of CPD will refund the registration fee, but is not responsible for any related costs, charges, or expenses to participants, including fees assessed by airline/travel/lodging agencies.

LODGING ACCOMMODATIONS

Guestrooms have been reserved with special course rates at each of the following downtown Rochester hotels. In order to receive the special rate, **reservations must be made before the room block is filled or before the expiration date of October 14, 2009, whichever comes first.** Reservations will be taken following this date based on room availability. Please identify yourself as a participant of the 2009 Primary Eye Care Conference when you make your reservation.

| DoubleTree Hotel <i>(formerly Radisson Hotel)</i> | Hilton Garden Inn |
|--|------------------------------|
| 150 South Broadway | 225 South Broadway |
| 507-281-8000 | 800-445-8667 or 507-285-1234 |
| \$115 single/double | \$104 single/double |

The hotels listed are connected by skyway and pedestrian subway to conference facilities, downtown shops, and restaurants. You may wish to visit the Rochester Convention and Visitors Bureau website (www.rochestercvb.org) for additional accommodation options. Lodging arrangements are the sole responsibility of the individual registrant.

PARKING

Parking is available in hotel, city, and Mayo patient/visitor ramps. The cost for parking is not included in the registration fee. For more information on ramp locations and fees visit <http://www.ci.rochester.mn.us/publicworks/parking.htm>.

FACULTY

Course Director

Dennis W. Siemsen, O.D.

Mayo Clinic Rochester

Sophie J. Bakri, M.D.

George B. Bartley, M.D.

William L. Brown, O.D., Ph.D.

Jay C. Erie, M.D.

Raymond Iezzi, M.D.

Jacqueline A. Leavitt, M.D.

Robert Orenstein, D.O.

Sanjay V. Patel, M.D.

Kevin I. Reid, D.M.D.

Arthur J. Sit, M.D.

Leonid Skorin, Jr., OD., D.O.

Tomohiko Yamada, O.D.

FACULTY DISCLOSURE

As a provider accredited by ACCME, College of Medicine, Mayo Clinic (Mayo School of CPD) must ensure balance, independence, objectivity and scientific rigor in its educational activities. Course Director(s), Planning Committee Members, Faculty, and all others who are in a position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty also will disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. Disclosure of this information will be published in course materials so those participants in the activity may formulate their own judgments regarding the presentation.



Program Schedule • Thursday, November 5, 2009

| | | | |
|------------|---|-----------|---|
| 7:30 a.m. | Continental Breakfast/ Visit Exhibits | 1:15 p.m. | Keeping an Eye Out for Emerging Infections <i>Robert Orenstein, D.O.</i> |
| 8:25 a.m. | Welcome | 1:45 p.m. | Federally Sponsored Low Vision Research <i>Dennis W. Siemsen, O.D.</i> |
| 8:30 a.m. | Dental Sleep Medicine: Oral Appliance Treatment for Sleep Apnea and Snoring <i>Kevin I. Reid, D.M.D.</i> | 2:15 p.m. | From the Operating Room to the Board Room and Back: An Oculoplastic Surgeon's Perspective on Health Care in America <i>George B. Bartley, M.D.</i> |
| 9:00 a.m. | Complications After Refractive Surgery <i>Sanjay V. Patel, M.D.</i> | 2:45 p.m. | Refreshment Break /Visit Exhibits |
| 9:30 a.m. | Visual Fields I Have Seen <i>Jacqueline A. Leavitt, M.D.</i> | 3:15 p.m. | Cataract Surgery After Corneal Refractive Surgery <i>Jay C. Erie, M.D.</i> |
| 10:00 a.m. | Refreshment Break /Visit Exhibits | 3:45 p.m. | OCT Evaluation of the Retina <i>Sophie J. Bakri, M.D.</i> |
| 10:30 a.m. | Nutraceuticals in the Treatment of Retinal Disease <i>Raymond Iezzi, M.D.</i> | 4:15 p.m. | Refraction Grand Rounds <i>William L. Brown, O.D., Ph.D.</i> |
| 11:00 a.m. | Glaucoma Update <i>Arthur J. Sit, M.D.</i> | 4:45 p.m. | Neurosarcoidosis <i>Leonid Skorin, Jr., O.D., D.O.</i> |
| 11:30 a.m. | Current Concepts in Treating Intermittent Exotropia <i>Tomohiko Yamada, O.D.</i> | 5:15 p.m. | Question / Answer |
| Noon | Lunch | 5:45 pm | Adjourn |

Current Concepts in Primary Eye Care

November 5, 2009 • Rochester, Minnesota

Mail or FAX form with payment to:

Mayo School of Continuous Professional Development
Plummer 2-60
200 First Street SW
Rochester, MN 55905

Phone 800-323-2688 or 507-284-2509
FAX 507-284-0532
E-mail cme@mayo.edu
Web site www.mayo.edu/cme

On-line registration is available at <http://www.mayo.edu/cme/ophthalmology.html>

Contact Information

| | | | |
|--|-------------------|--|---|
| Name of Registrant - <i>first name, middle name or initial, and last name</i> | | Degree - <i>select all that apply</i> <input type="checkbox"/> OD <input type="checkbox"/> Other - <i>specify:</i> | |
| Name of Institution | | Medical Specialty | |
| Preferred Mailing Address - <i>select one</i> <input type="checkbox"/> Work/Business <input type="checkbox"/> Home | | | |
| Work/Business Address - <i>street address</i> | | Work Phone - <i>include all country and city/area codes as needed along with complete phone number</i> | |
| City | State or Province | ZIP or Postal Code | Country |
| Home Address - <i>street address</i> | | Home Phone - <i>include all country and city/area codes as needed along with complete phone number</i> | |
| City | State or Province | ZIP or Postal Code | Country |
| E-mail Address | | FAX - <i>include all country and city/area codes as needed along with complete phone number</i> | FAX Location - <i>select one</i> <input type="checkbox"/> Work/Business <input type="checkbox"/> Home |
| <div style="background-color: black; color: white; padding: 2px; display: inline-block;">SPECIAL NEEDS</div> If you have special assistance needs or dietary restrictions, describe here: | | | |

Credit/Registration Fee

| | |
|---|----------------|
| Indicate type of credit you wish to receive (choose all that apply): <input type="checkbox"/> COPE <input type="checkbox"/> Minnesota Board of Optometry | |
| Optometrists/Ophthalmologist Fee: | \$225 \$ _____ |

Payment Information

| | | | |
|--|----------------|---|---------------|
| <input type="checkbox"/> Check is enclosed in the amount shown at right - <i>make checks payable to Mayo Clinic</i> | | | Payment Total |
| Credit Card - <i>select one</i> <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa | Account Number | Exp Date - <i>mm/yy</i> | |
| Name of Cardholder - <i>as it appears on the card</i> | | Signature of Cardholder - <i>required</i> X | |

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200 First Street SW
Rochester, Minnesota 55905
www.mayoclinic.org

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