

# 2025 WOA PRIMARY CARE SYMPOSIUM

6

## DOCTOR REGISTRATION - Kalahari Resort, Wisconsin Dells

**REGISTRATION DEADLINES: Early Bird = October 13<sup>th</sup> ♦ Regular = October 31<sup>st</sup>**

Registrant's Name: \_\_\_\_\_ OE Tracker #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ License #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Please check one:

☐

Full Registration

☐

Partial Registration

### FRIDAY, November 6, 2025

Time	Course	
<input type="checkbox"/> 6:00 PM-6:50 PM	"Five Pillars of Diabetic Retinopathy Management" - Francis Bynum, OD	1 hr TD \$30/\$90
<input type="checkbox"/> 7:00 PM-8:40 PM	"Bad Eyes, Scary Things and Dirty Pictures: Common Cases in Rural Optometry: Challenges, Treatment Diagnosis & Reimbursement" - Francis Bynum, OD	2 hrs \$60/\$180

### SATURDAY, November 7, 2025

Time	Course	
<input type="checkbox"/> 8:00 AM-9:40 AM	"ERG: Making Waves in Optometry" AND "Amniotic Membranes: Corneal Cases from Every Day Practice" - Francis Bynum, OD	2 hrs TD \$60/\$180
<input type="checkbox"/> 10:00 AM-11:40 AM	"When to Play and When to Pass" - Francis Bynum, OD	2 hrs \$60/\$180

#### PARTIAL REGISTRATION FEES

Per hour charge for CE:

**\$30 per hour for WOA Members**

**\$90 per hour for Non Members**

A. Base Registration Fee = **\$25.00**

B. Total Education selected \$\_\_\_\_\_

C. Late Fee after October 4th **\$25.00**

Total Fee Regular Registration (A+B+C) \$\_\_\_\_\_

#### FULL REGISTRATION FEES

**REGISTRATION DEADLINE: October 31st**

**WOA or AOA Member Early Bird = \$175.00**

*(Includes all classes checked above on or before October 13)*

**WOA or AOA Member Regular Fee = \$200.00**

*(Includes all classes checked above October 31 and after)*

**Non Member Early Bird = \$525.00**

*(Includes all classes and meals checked above on or before October 13)*

**Non Member Regular Fee = \$550.00**

*(Includes all classes and meals checked above October 31 or after)*

Check Enclosed: ☐ Yes ☐ No Credit Card Type: MC ☐ VISA ☐ DISC ☐ AMEX ☐

**If paying by credit card, please use the secure online registration system by clicking [here](#).**

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return to: [woa@woa-eyes.org](mailto:woa@woa-eyes.org), 6510 Grand Teton Plaza, Ste 312, Madison, WI 53719, or fax to 608-824-2205.