2019
Wisconsin Optometric Association
Northwoods Education Event
Exhibitor/Sponsorship Information

October 11-12
Wild Eagle Lodge
Eagle River, WI
TO: WOA Exhibitors

FROM: Peter Theo, WOA Executive Vice President

RE: WOA Northwoods Education Event, October 11-12, 2019

The 2019 WOA Northwoods Education Event is scheduled for October 11-12 at the Wild Eagle Lodge in Eagle River, WI (4443 Chain O Lakes Rd, Eagle River, WI 54521). This event provides a unique environment whereby exhibitors can interact with doctors of optometry in a small group setting. On behalf of the WOA Board and membership, I want to thank you for your continued support of optometry and the WOA.

Speakers:
- Dr. Kunal Patel, Ascension Medical Group, Fox Valley, WI
- Dr. Michael Vrabec, Valley Eye Associates, Appleton, WI
- Dr. Jennifer Unger, Valley Eye Associates, Appleton, WI
- TBD

Registration:
To register for the event as an exhibitor/sponsor, please complete the registration form on page 4 of this packet. This event is different than other WOA education events as there will not be an exhibit hall. Sponsors will be able to mingle with the doctors before and after education and during the hospitality time. If you desire a table for a display, it will be in the hospitality room. You are not required to attend the event in order to be a sponsor.

Sleeping and Hospitality Rooms:
Accommodations consist of spacious one, two, and three bedroom lakeside lodge homes - ideal and comfortable for groups. Each lodge home has a fully equipped kitchen, gas fireplace, two full size bathrooms, queen size sleeper sofa, and cable TV with DVD player, patio furniture and a charcoal grill. No matter which condo style lodge home you have, all face the scenic shores of Lynx or Duck lakes. Pricing is as follows and is per night plus 10% tax: 1 Bedroom Lodge: $149.00; 2 Bedroom Lodge: $179.00; 3 Bedroom Family Deluxe Lodge: $229.00. There is also a $9.95 per night resort fee for each reservation. A 30% deposit is required when reservation is made (no online reservations are allowed for group blocks). Cancellation Policy: 30 days or more deposit less $50 processing fee; under 30 days no refunds. Block will be released Wednesday, September 11th and the group rate is not guaranteed after that date.

To make reservations, please call the lodge at 877-945-3965 and let them know you are with the Wisconsin Optometric Association. You will need to provide your contact information and a credit card.

Schedule of Events:
The schedule of events is included on page 3 of this packet. There will be a continental breakfast served each morning at 6:30 a.m. and a hospitality room in the evening after education.

Doctor Attendee List:
A list of doctors attending the event can be obtained by sending an email request to WOA Assistant Executive Vice President Joleen Breunig, joleen@woa-eyes.org, after October 1st.
EDUCATION SCHEDULE
2019 Wisconsin Optometric Association
Northwoods Education Event

Friday, October 11
7:00 a.m. - 8:45 a.m.
Michael Vrabec, M.D. (2 hours PO)

“A Review of Intacs/Crosslinking”
A comprehensive review of the history, mechanism of action, indications, technique, results and insurance is-

sues surrounding the coverage of both Intacs and Collagen Crosslinking.

“Corneal Transplant Updates”
An overview of the surgical options in corneal transplantation including PK, DALK, DSAEK, DMEK, DWEK.

6:00 p.m. - 7:45 p.m.
Kunal Patel, M.D. (2 hours AS )

“Bumps, Lumps, Spots, Masses and Growths on the Eyelid.”
A comprehensive review of eyelid lesions followed by case presentations in the management of lid lesions.

Saturday, October 12
7:00 a.m. - 8:45 a.m.
TBD

9:00 a.m. - 10:45 a.m.
Jennifer Unger, M.D. (.5 hours GO and 1.5 hours GL)

“Humanitarian Eye Care”
A discussion of the challenges, surgical techniques, supplies and safety when providing care to underserved
populations. (0.5 hours)

“MIGS: Good and Bad/Update on Topicals”
An overview of all of the current MIGS procedures, including their strengths and weaknesses, as well as a re-
view of the newest topicals available for the management of glaucoma.
Exhibitor/Sponsor Registration Form  
Deadline for Exhibitor/Sponsor Registration is September 23, 2019

Company Name: __________________________________________________________________________
Contact Person:________________________ Email Address:_______________________________________
Company Street Address: __________________________________________________________________
City:_________________________________________ State: _________ Zip: _____________________
Phone Number:___________________________ Ext:___________ Fax Number:_________________________
Name of representative contact person on-site:_______________________________________________
Home mailing address of on-site representative: _____________________________________________
City:_________________________ State:_______ Zip:___________ Phone #:___________________________
Email of on-site representative:___________________________________________________________ Fax #:____________________
Name(s) of representatives attending (including on-site contact):
________________________________________ __________________________________
________________________________________ __________________________________
________________________________________ __________________________________
Sponsorship is granted on a first come (paid), first served basis with form and payment receipt.
Please list the type of products or services you sell:____________________________________________

Registration includes access to attendees at breakfasts, breaks and hospitality room.

**Sponsorship Levels:**
Platinum—$1,000.00  
Gold—$750.00  
Silver—$500.00  
Bronze—$250.00

Please return this form with a check or completed cc authorization form to:  
Wisconsin Optometric Association, 6510 Grand Teton Plaza - Suite 312, Madison, WI 53719  
Call 608-824-2200 with questions. Fax: 608-824-2205, Tax ID: 39-0840526.
Purchasing Company Name:____________________________________________________
Purchasing Company Address:_________________________________________________
Purchasing Company City, State, Zip:_________________________________________

Amount of Purchase:  (Circle One)     $250   $500   $750   $1000

What purchase is for: 2019 WOA Northwoods Education Event Sponsor/Exhibitor Fee

Type of Card: (Circle One)       MasterCard    VISA    Discover    AMEX

Card Holder Name:___________________________________________________________
Credit Card Number:________________________________________________________
Expiration Date:____________________________________________________________
Security Code:_____________________________________________________________
Address where CC statement is received:_______________________________________
Billing Zip Code:____________________________________________________________
Authorized Signature:________________________________________________________

By completing and signing this form, you agree to pay the Wisconsin Optometric Association the amount listed above via credit card. Please call 608-824-2200 with any questions.
August, 2019

TO: WOA Exhibitors

FROM: Joleen Breunig, Assistant Executive Vice President

RE: Seminar Exhibitor Registration Forms

The Wisconsin Optometric Association is always looking for ways to improve how we distribute registration materials to potential exhibitors. Email, fax, and the internet are the most efficient and cost-effective ways to communicate. We would like to send registration materials out to you in a more timely fashion and believe using electronic means would be the best way to do this. Registration materials sent via email will be in PDF format and can be opened with Adobe Reader, which can be downloaded for free. **If there is more than one person who should be receiving these materials, please include their information as well. We are more than happy to send information to both corporate offices and individual sales representatives.**

Company Name:_________________________________________________________

Contact Person Name:_____________________________________________________

Phone Number:__________________________________________________________

Email Address:___________________________________________________________

Thank you very much for taking the time to complete this information. Please return this document by fax to 608-824-2205, by mail to the WOA office at 6510 Grand Teton Plaza, Suite 312, Madison, WI 53719, or via email to joleen@woa-eyes.org.