



WAO FALL SYMPOSIUM

September 29-30, 2023

The Trade Hotel • Milwaukee, WI

ATTENDEE INFORMATION



WISCONSIN ACADEMY
OF OPHTHALMOLOGY

ATTENDEE INFORMATION

LOCATIONS



Friday Reception

1134 Vel R. Phillips Ave
Milwaukee, WI 53203



Saturday Symposium

420 W Juneau Ave
Milwaukee, WI 53203

The WAO Fall Symposium is the annual education conference sponsored by the Wisconsin Academy of Ophthalmology. The program offers a wide range of clinical and practice management topics which will appeal to ophthalmologists, practice administrators and ophthalmic technicians in a variety of practice settings.

CONFERENCE SCHEDULE

Friday, September 29

6:00-9:00 PM Networking Reception

Saturday, September 30

**see detailed physician and technician schedules on our website at www.wieyemd.org*

7:00-7:50 a.m.	Registration Continental Breakfast and visit exhibitors
7:50-8:00 a.m.	President's Welcome
8:00-10:00 a.m.	Concurrent Physician and Technician Sessions
10:00-10:30 a.m.	Break and visit exhibitors
10:30 a.m.-12:00 p.m.	Concurrent Physician and Technician Sessions
12:00-1:15 p.m.	Lunch and Business Meeting
1:15-2:00 p.m.	Combined General Session
2:00 p.m.-2:30 p.m.	Concurrent Physician and Technician Sessions
2:30-3:00 p.m.	Combined General Session
3:00 p.m.	Conference Adjourns

HOTEL ACCOMMODATIONS

Reservations can be made by calling the hotel at 1-888-236- 2427. Please mention the group "WAO 2023 Symposium" when calling to make your reservation(s). You can also book online by visiting: www.marriott.com/events/start.mi?id=1679516934994&key=GRP.

Our room rate is \$229 and reservations must be made by September 1, 2023 to receive the event rate.

CANCELLATION POLICY

A \$50 administrative fee will apply to all cancellations and requests for a refund. No refunds will be processed after September 15, 2023. Refunds will not be given for no-shows.

QUESTIONS

Please contact the WAO Office at 920-560-5645 or by email at WAO@badgerbay.co.

ATTENDEE REGISTRATION



REGISTRATION

Visit www.wieyemd.com to register online or scan the QR code.

Contact Information: _____

Full Name: *(to appear on badge)* _____

Credentials: *(to appear on badge)* _____

Professional Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Attending Friday Reception? Yes No

Symposium Track (circle one): Clinical Technician

Please indicate any special dietary needs: _____

REGISTRATION RATES

Member	Non-Member
Ophthalmologist	
\$295	\$395
Tech/Staff	
\$125	\$195
Retired	
\$195	\$395
Resident/Fellow	
\$0	\$95

**If you plan to register more than two individuals from your clinic, please contact our office for a promotional discount.*

METHOD OF PAYMENT

Total Enclosed: \$ _____

Check #: _____ (Checks payable to WAO)

Card Number: _____

Visa Mastercard Discover Amex

Exp. Date: _____ Security Code: _____

Billing Address: _____

Name on Card: _____

Signature: _____

REGISTER ONLINE OR PLEASE MAIL REGISTRATION FORM TO

Wisconsin Academy of Ophthalmology
563 Carter Ct., Suite B
Kimberly, WI 54136

WAO@badgerbay.co