



OPTOMETRISTS
ASSOCIATION AUSTRALIA
NEW SOUTH WALES



2010 SKI CONFERENCE

Thredbo Alpine Village Hotel, Thredbo
Tel: 02 6459 4200

Friday 23 Saturday 24 & Sunday 25 July 2010

Agenda

Friday

04.30 – 05.00pm	Registration & Afternoon tea	
05.00 – 05.40m	The New National Order – Registration et al	A McKinnon
05.40 – 06.20pm	Prescribing for sports	T Hannaford
06.20 – 07.30pm	Welcome drinks & finger food	

Saturday

08.00 – 08.30pm	Registration	
08.30 – 09.10am	Dispensing problem solving	G Hannaford
09.10 – 09.50am	Testing The Primary School Child for Visual Efficiencies, Not Just Reading the Bottom Line	F Filocamo
09.50 – 10.20am	Morning tea	

04.30 – 05.00pm	Registration & afternoon tea	
05.00 – 05.40pm	Making Astigmatism a Successful part of Contact lens practice	E Calligeros
05.40 – 06.20pm	Workshop - Visual skills needed to learn in a classroom	F Filocamo

Dinner at leisure

Sunday

08.00 – 08.30am	Registration	
08.30 – 09.10am	Specialising in Contact Lenses	E Calligeros
09.10 – 09.50am	Medicare Mobilises – More Queries, More Headaches	A McKinnon



Attendance records will be released to the Optometrists Association
Australia

NOTE: The views expressed by the presenters do not necessarily represent
the views of the OAA NSW Division. The papers are presented solely for
the purposes of continuing education.

REGISTRATION

****Please complete ALL sections of this form****

***One delegate per form *Cancellation fee of \$55 applies after 6 July*
Late booking fee of \$55.00 applies after 6 July**

**Delegates are responsible for organising and booking their own
accommodation and travel.**

Delegate Name:

Day Telephone No.:OAA No.:

Address:

.....Postcode:

Registration

Full Time OAA Member	\$385.00 <input type="checkbox"/>
Partial Practice OAA Member	\$325.00 <input type="checkbox"/>
Minimal Practice OAA Member	\$275.00 <input type="checkbox"/>
Postgraduate Student	\$275.00 <input type="checkbox"/>
Optometry Student	\$ 66.00 <input type="checkbox"/>
Non OAA Member	\$495.00 <input type="checkbox"/>

A tax invoice/receipt will be sent on payment

Please return with cheque or complete credit card details:

Optometrists Association Australia Fax: (02) 9713 2452
P O Box 33, Five Dock 2046

Mastercard Visa Bankcard Amex accepted (Please tick one)

CARDHOLDERS NAME:.....

SIGNATURE:.....

CARD NO.:.....

EXPIRY DATE:.....

Please return registration form by: Monday 6 July

For further information please contact Rosemary Duffy
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