

EASTERN STATES OPTOMETRIC CONGRESS



Under the Auspices of
The Optometric Extension Program Foundation

2017 EASTERN STATES OPTOMETRIC CONGRESS

<http://www.esocvt.com/>

**Saturday October 28th and Sunday October
29th, 2017**

Crowne Plaza Hotel- White Plains, NY

<http://www.cpwestchester.com/>

APPLYING SCIENCE, EXPANDING SCOPE

Speakers:

Dr. Celia Hinrichs

Dr. Charles Shidlofsky

Dr. Samantha Slotnick

Case presentations

**12 hours of COPE APPROVED CONTINUING
EDUCATION**

**REGIONAL COVD STUDY GROUP DINNER SATURDAY
NIGHT**

Come for either day, or the weekend.

**Register in advance, email required. Handouts will be sent
either via email or by download from our website. No handouts
will be available at the conference.**

General Chair

Stuart M. Rothman, O.D.
349 East Northfield Road
Suite LL3
Livingston, NJ 07039

Committees

Registration

Steven Shaby, O.D.
1425 Bedford St., #1M
Stamford, CT 06905

Finance and Planning

Paul Bernstein, O.D.
701 Westchester Ave.
White Plains, NY 10604

Exhibits

Samantha Slotnick, O.D.
495 Central Park Ave, Suite 301
Scarsdale, NY 10583

Website

Ilana Gelfond Polnariiev, O.D.
4300 Hylan Boulevard
Staten Island, NY 10312

Program

Robert Fox, O.D.
1202 Troy-Schenectady Road
Latham, NY 12110

Communications

M.H. Esther Han, O.D.
SUNY College of Optometry
33 W. 42nd St.
New York, NY 10039

COVD Liason

Bradley Meltzer, O.D.
624 Hawkins Avenue #1
Lake Ronkonkoma, NY 11779

2017 EASTERN STATES CONFERENCE PROGRAM
APPLYING SCIENCE, EXPANDING SCOPE

Saturday October 28th

12:00 – 12:30 pm	Registration and Welcome
12:30 – 3:00 pm	Dr. Charles Shidlofsky <i>Vision Consequences & Treatment Following a TBI/ABI</i>
3:00 – 3:40 pm	Break/Exhibit Hall
3:40 – 5:20 pm	Dr. Samantha Slotnick <i>Current Practices in Myopia Control</i>
5:20 – 6:20 pm	Happy hour/Cash bar
6:20 – 8:00 pm	Regional COVD study group—Dinner and discussion- Come prepared with either 1 VT technique or 1 practice management pearl.
8:00- 11:00 pm	Hospitality suite

Sunday October 29th

8:00 – 8:30 am	Registration
8:30 – 10:10 am	Dr. Celia Hinrichs <i>Creating Success for Children with Multiple Issues</i>
10:10 – 10:40 am	Break/Exhibit Hall
10:40 – 12:20 pm	Dr. Celia Hinrichs <i>Creating Success for Children with Multiple Issues</i>
12:30 – 2:00 pm	Lunch (included); Exhibit hall
2:00 – 2:50 pm	Dr. Charles Shidlofsky <i>Sports & Performance Vision in Clinical Practice</i>
2:50 – 3:40 pm	Dr. Charles Shidlofsky <i>How to Build a Niche Practice As Applied to TBI/ABI & Sports Vision</i>
3:40 – 4:30 pm	Dr. Esther Han <i>Current Case Presentations in Functional Vision Care</i>

This program qualifies for 14 credit hours toward COVD Continuing Education requirements. COPE approval pending for 12 hours.

REGISTRATION FORM
2017 EASTERN STATES OPTOMETRIC CONGRESS
October 28th and 29th, 2017
Crowne Plaza, White Plains, New York

*Please complete a separate form for each registrant
 You can register online with paypal at*

<http://www.esocvt.com/>

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email (required) _____

Circle the category and fee that apply	Saturday only	Sunday only	Full Conference
OEP Member	\$160	\$255	\$350
Non OEP Member	\$200	\$295	\$410
2017 graduate; O.D. retiree	\$95	\$160	\$195
2016 graduate	\$140	\$235	\$315
Optometric students, residents, Technicians	\$95	\$160	\$195

STUDENTS AND RESIDENTS PLEASE CONTACT ESTHER HAN (mhan@sunyoct.edu) for scholarship information

PLEASE ADD \$30 TO ABOVE REGISTRATION FEES FOR LATE REGISTRATION AFTER 10/5/2017

Hotel information:

Crowne Plaza- White Plains
 66 Hale Avenue
 White Plains, N.Y.
 Phone: 914-821-1334

<http://www.cpwestchester.com/>

Rooms have been secured for \$139 per night until 10/5/2017. Rates increase dramatically and are subject to availability after that date. Mention that you are with the Eastern States Optometric Congress to get special rate. Reservations must be made on your own.

Registration fee (from above) \$ _____

Late Registration (after 10/5/2017) \$ 30

I will be attending the COVD STUDY GROUP dinner (Yes) (No) cost \$ 55

I would like to contribute to the student fund (fund to subsidize student attendance at meeting) \$ _____

Total amount enclosed \$ _____

Please make your check payable to the **Eastern States Optometric Congress**

Mail this form along with check payment to:

Dr. Paul Bernstein
Family Vision Care Associates
701 Westchester Avenue
White Plains, New York 10604