

Primary Eye Care and Focometry Workshop

Presented by: Larry Spitzberg, O.D., InFOCUS
When: Saturday, January 31st, 2009 – 9:00 a.m. to 5:00 p.m.
Where: Texas Training and Conference Center, 11200 Richmond Avenue, Suite 100
Houston, TX 77082
Fees: \$150 per person (Save an additional \$25 if registered by 12/31/08)
(Fee includes training, reference manual, letter of certification, lunch and beverages. The Focometer and other eye care supplies may be purchased at the workshop.)

Main topics

- How to measure visual acuity
- How to use the FOCOMETER®
- How the eye works
- Common sight problems
- How to dispense Instant Eyeglasses™
- How to assess, treat or refer patients
- Making appropriate referrals
- Primary eye care in developing countries
- Promoting eye health and safety

Suggested lodging: The Marriott Courtyard, 9975 Westheimer Road, Houston, Texas 77042; Tel: (713) 784-3003 – Cost per night is \$74.00 + tax. Please refer to "InFOCUS". The rate cut off deadline is 8/19/2008. For more information on this hotel please visit their website at www.marriott.com/hotels/travel/houwc-courtyard-houston-westchase Shuttle available to Texas Training Ctr. (Please make arrangements at front desk.)

Directions to the Marriott Courtyard Hotel from area airports (This hotel does not provide airport shuttle service.):

Houston Intercontinental - IAH

Hotel direction: 30.0 mi SW

Driving Directions: Go west on Sam Houston toll way, go through 3 toll booths, exit on Westheimer and turn left, go to 4th light and turn right. Courtyard is located on the right, next to Residence Inn.

Alternate Transportation: Airport Express Shuttle (713)
523-8888
Estimated taxi fare: \$65.00 (one way)

Houston/William P Hobby – HOU

Hotel direction: 30.0 mi NW

Driving Directions: Take I-45 north, then to I-10 West, then exit Gessner and turn left, go to Westheimer and turn right, next light turn left. Courtyard is on the right, next to Residence Inn.

Alternate Transportation: Est. Taxi Fare \$65.00 (one way)

Name: _____ Organization _____

Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ E-mail: _____

No. Attendees _____ @ \$150 each (please provide list if more than one) Total Fee \$ _____

Note: Non-refundable fee of \$50 for cancellation after January 16, 2009.

_____ Check enclosed (payable to InFOCUS) Mail to address shown below.

_____ Credit Card Number _____ / _____ / _____

Expiration Date ____ / ____ _____ VISA _____ MasterCard _____ Discover

Cardholder _____ Signature _____

Please print