



# A Painful Practice

## Registration Form

### Wednesday, May 22nd - Live Virtual

#### 7:00 - 9:00 p.m.

Please complete the form below and return to the SCOPA office by:  
E-mail [info@sceyedocors.com](mailto:info@sceyedocors.com) • Fax 803-799-1064 • Mail 2730 Devine Street, Columbia, SC 29205

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Please check the appropriate box:**

- I would like to register at the SCOPA or AOA (out-of-state) member rate of \$90.
- I would like to register at the non-member rate of \$150.

*If you maintain a DEA license and a SC DHEC registration to prescribe controlled substances then you are required to take this course. The Prescription Drug Monitoring Program now requires doctors of optometry to receive 2 hours of CE pertaining to approved procedures for prescribing and monitoring controlled substances listed in Schedules II, III and IV, every two years.*

**Dr. William “Will” Smith** is a Doctor of Optometry with a special interest in Ocular Disease, Therapeutic Contact Lenses, Surgical co-management. He earned his undergraduate degree, a B.S. in Biochemistry, Molecular and Cellular Biology from University of Tennessee, while also playing on the varsity football team. Dr. Smith is a graduate of University of Alabama-Birmingham School of Optometry. He continued his optometric training through Residency at the West Los Angeles Veterans Affairs Hospital specializing in hospital based Optometry and Ophthalmologic co-management of glaucoma, cataracts, inflammation, trauma, retinopathy, and other ocular disease.



**A Painful Practice (2 Hours):** Any provider who sees patients with ocular emergencies knows there is a need for pain management. This case-based review of ocular pain management will help reinforce our common and not-so common treatment protocols.

- Please check the appropriate box:**
- I am sending a check to the SCOPA Office by May 3rd.
  - Charge my Visa/MasterCard/AMEX/Discover for the appropriate registration fee.

Once you have registered and your payment has processed, you will receive the meeting access information. This meeting will be live virtual education and will be conducted via Zoom.

Name on Card: \_\_\_\_\_ E-Mail for receipt: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_