



Chevy Chase Pavilion
4300 Military Road, N.W.
Washington, DC 20015
phone: 202.362.9300
fax: 202.686.3405

RESERVATIONS - See enclosed information

ATTENTION

- - USA Optometrists - -

OETracker numbers are required for CE Credit. To insure you receive CE credit, insert your OET # on your registration.

SPONSORS



Sponsored by:

The Institute for Behavioral Optometry (IBO)

Under the Auspices of:



Optometric Extension Program Foundation

SCHEDULE OF EVENTS

SATURDAY - - January 13, 2018

- 10:00 AM - Registration Desk Open
- 12:30 PM - Symposium Introductions
- 1:00 PM - 6:15 PM - Paper Presentations
- 6:30 PM - 8:00 PM - Symposium Dinner
- 8:00 PM - 11:00 PM - Paper Presentations
- 11:00 PM - ??? - Informal Discussions

SUNDAY - - January 14, 2018

- 8:30 AM - Registration Desk Open
- 9:30 AM - Noon - Paper Presentations
- Noon - 2:30 PM - Symposium Brunch
- 2:30 PM - 5:30 PM - Paper Presentations
- 5:30 PM - 7:30 PM - Dinner (on your own)
- 7:30 PM - 11:00 PM - Paper Presentations
- 11:00 PM - ??? - Informal Discussions

MONDAY - - January 15, 2018

- 9:30 AM - 12:30 PM - Paper Presentations
- 12:30 PM - 2:00 PM - Lunch (on your own)
- 2:00 PM - 4:00 PM - Paper Presentations
- 4:30 PM - Closing Comments



Kraskin Invitational Skeffington Symposium
on Vision

4600 Massachusetts Ave., NW
Washington, DC 20016-2362

Phone: 202-363-4450
Fax: 202-363-4452
Email: jlkraskin@rcn.com

**63RD ANNUAL
SYMPOSIUM**

January 13, 14, 15, 2018

Embassy Suites Chevy Chase Pavilion
Washington, DC USA

Dear Colleague:

I am pleased to invite you to attend and participate in the 63rd Annual Kraskin Invitational Skeffington Symposium on Vision. The Symposium will be held on **Saturday, Sunday, Monday, January 13, 14, 15, 2018**. This year's Symposium will be held at the **Embassy Suites at the Chevy Chase Pavilion in Washington, DC**. The Symposium is sponsored by the Institute for Behavioral Optometry (IBO) and under the auspices of the Optometric Extension Program Foundation, Inc.

You are invited to present a paper on vision and/or visual training, clinical or theoretical, although this is not a requisite for attendance. To present, please complete the enclosed **Presentation Registration Form**. **Presentation Registration** must be received by December 16, 2017, including a synopsis of the paper. A copy of your paper **must** be received no later than January 6, 2018, so that our moderators may arrange a proper sequence of presentations.

The first twenty-five registered presenters will be guaranteed a presentation time. Requests for specific day and/or time presentations will be considered, but **can not** be assured. Presenters are expected to be present and available throughout the duration of the Symposium.

The Symposium will begin PROMPTLY at 1:00 PM on Saturday, January 13, and conclude no later than 4:00 PM on Monday, January 15. Evening hours are scheduled on Saturday and Sunday. Registration includes Saturday dinner and the Sunday Symposium brunch. This year's meeting will be held in a new location with direct access to the DC Metro subway at the Friendship Heights Station. Pre-registration is strongly recommended and requested.

To register, complete the attached form and return. For Embassy Suites hotel reservations, please see the enclosed Reservation Information Form, or directly contact the Embassy Suites at Chevy Chase pavilion at 1-202-362-9300 indicating that you are attending the "KRASKIN OPTOMETRY" meeting. Special Symposium hotel room rates have been arranged. Hotel reservations may also be made at www.SkeffingtonSymposium.org.

Cordially yours,



Jeffrey L. Kraskin, OD

CUT ALONG LINE AND RETURN FORM

REGISTRATION FORM - - Please complete and return PROMPTLY

NAME: _____ E-MAIL: _____

ADDRESS: _____

OETracker # (for USA OD CE credit): _____ TELEPHONE #: _____

CHECK BELOW:

- PRESENTER - - \$195 NON-PRESENTER - - \$220 (Registration fee includes Saturday dinner & Sunday brunch)
 RESIDENT or STUDENT -- FREE - Meals NOT included

MEAL TICKETS for guests, residents, or students:

SATURDAY DINNER - \$40: _____ (# of tickets)

SUNDAY BRUNCH ----- \$50: _____ (# of tickets)

PLEASE NOTE:

- * Registration fee is for ALL Optometrists
- * Meal tickets will be available on site for guests, residents, and students.
- * On-site registration will be available.

MAIL TO: KISS c/o Dr. Jeffrey Kraskin - 4600 Massachusetts Ave, NW - Washington, DC 20016-2362 - USA