



ILLINOIS COLLEGE
of OPTOMETRY
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Chicago, Illinois 60616

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ALUMNI WEEKEND 2010

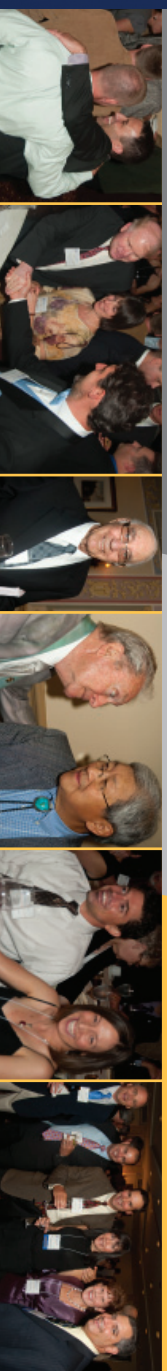


ILLINOIS COLLEGE of OPTOMETRY'S ALUMNI WEEKEND

AUGUST 27-29, 2010



ILLINOIS COLLEGE
of OPTOMETRY



Join us for Alumni Weekend 2010
in the beautiful city of Chicago!



REMINISCENCE. RECONNECT.



Renaissance Room, InterContinental Chicago



Registration Form

Registration deadline is August 10th.
Also available online at www.ico.edu/alumni/alumniweekend2010

Name _____

Guest _____

Address _____
(Circle one: home/office)

City _____

State _____ Zip _____

Phone _____
(Circle one: home/office/cell)

Email _____

Class of _____

For additional information, contact Connie Scavuzzo, Director of Alumni Development, at 312-949-7080 or alumni@ico.edu

Registration Options:
Please submit your registration form with payment by August 10th.

Register by Mail:
Illinois College of Optometry
Attn: Alumni Office

3241 S. Michigan Avenue
Chicago, IL 60616

Register by:
Phone: 312-949-7080
Fax: 312-949-7683
Online: www.ico.edu/alumni/alumniweekend2010

All Alumni Are Welcome!

Hotel information: A block of rooms will be held until August 13th at InterContinental Chicago hotel located at 505 N. Michigan Avenue. To make reservations, call 800-235-4670 and identify yourself with the "Illinois College of Optometry Guest Room Block" to receive our special discounted rate of \$149 (main building) and \$179 (historic tower).

2010 Schedule of Events

August 27-29, 2010 • www.ico.edu

Friday, August 27, 2010

6:00 - 7:30 pm
Class Reunion and Alumni Awards Reception
Classes featured: 1945, 1950, 1955, 1960, 1965, 1975, 1980, 1985, 1990, 1995, 2000, 2005
Toledo Room, InterContinental Chicago

7:30 - 10:00 pm
Class Reunion and Alumni Awards Banquet
Renaissance Room, InterContinental Chicago
10:00 pm - 12:00 am
Alumni Hospitality Suite
Burnham Room, InterContinental Chicago

Saturday, August 28, 2010

Shuttle service is available to and from host hotel and campus.

8:30 - 10:00 am
50 Year Club Breakfast
Valencia Room, InterContinental Chicago
(By Invitation Only)

1:30 - 4:00 pm
Architectural Riverboat Tour or Chicago Trolley Tour
Transportation provided from campus.

2:00 - 5:00 pm
"Explore the 3rd Floor" Wine Tasting Open House
3rd Floor, ICO Campus

2:00 - 3:00 pm
AOA Health Care Update and Mini-Quiz Bowl
Lecture Center, ICO Campus
3:00 - 5:00 pm
Exhibitor and State Association Fair and Reception
Gym, ICO Campus

5:00 - 7:00 pm
Good Old-Fashioned "Blindspot"
Courtyard, ICO Campus

Sunday, August 29, 2010

Four hours of continuing education credit (non-tested) will be offered. All courses are COPE approved or pending.

7:00 - 8:00 am
Continental Breakfast and Sign-in
Lecture Center, ICO Campus

8:00 - 9:40 am
Smart Medicine for Your Eyes
Jeff Anshel, OD '75, FFAO

9:40 - 10:00 am
Refreshment Break

10:00 - 11:40 am
Pediatric and Binocular Cases Ages 0-99
Melissa K. Sigler, OD '00, FFAO

11:50 am - 1:00 pm
Campus Tours

Educational Programs sponsored in part by
Alcon Laboratories



1945

1950

1955

1960

1965

1975

1980

1985

1990

1995

2000

2005

Friday, August 27th

Class Reunion and Alumni Awards Reception & Banquet
\$125.00 per person

OPPORTUNITY TO SPONSOR A STUDENT!

Yes, I would like to sponsor a student to attend the
Class Reunion/Awards Banquet on August 27th, by adding
\$125.00 per sponsored student to my total payment.

Saturday, August 28th

Architectural Riverboat Tour
\$35.00 per person

Chicago Trolley Tour

\$35.00 per person

"Explore the 3rd Floor" Wine Tasting Open House
Complimentary/No Charge

Saturday, August 28th (cont'd)

AOA Health Care Update and Mini-Quiz Bowl
Complimentary/No Charge

Exhibitor and State Association Fair and Reception
Complimentary/No Charge

Good Old-Fashioned "Blindspot"
\$25.00 per person

Sunday, August 29th

Four Hours of Continuing Education (non-tested)
\$50.00 Alumni/\$100.00 Non-Alumni

Donation to ICO Scholarship Fund

I would like to include a donation to ICO to provide scholarship funding for aspiring young doctors.

TOTAL PAYMENT DUE

Card # _____

Exp. Date _____

Signature _____

Date _____

Payment Options:

☐ Check Enclosed:

Please make check payable to Illinois College of Optometry.

☐ Check Pending:

I registered via fax and my check has been mailed.

☐ Credit Card:

Visa MasterCard Discover AmEx