

ENTRY FORM
Print Division

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Print Division categories (limit three (3) entries per category)

If my entries are not displayed, please:

- shred
- return with the self addressed stamped envelope provided in this shipment
- return via Fed Ex with this account # _____

- | | | |
|----|---|--------------------------|
| 1 | <input type="checkbox"/> Fluorescein angiogram | # of entries (1-3) _____ |
| 2 | <input type="checkbox"/> ICG angiogram | # of entries (1-3) _____ |
| 3 | <input type="checkbox"/> Fundus photography high mag. 20° | # of entries (1-3) _____ |
| 4 | <input type="checkbox"/> Fundus photography normal 30° to 40° | # of entries (1-3) _____ |
| 5 | <input type="checkbox"/> Fundus photography wide angle 45° or greater | # of entries (1-3) _____ |
| 6 | <input type="checkbox"/> Slit lamp photography | # of entries (1-3) _____ |
| 7 | <input type="checkbox"/> External photography | # of entries (1-3) _____ |
| 8 | <input type="checkbox"/> Gross specimen photography | # of entries (1-3) _____ |
| 9 | <input type="checkbox"/> Gonio photography | # of entries (1-3) _____ |
| 10 | <input type="checkbox"/> Monochromatic photography | # of entries (1-3) _____ |
| 11 | <input type="checkbox"/> Surgical photography | # of entries (1-3) _____ |
| 12 | <input type="checkbox"/> Instrumentation photography | # of entries (1-3) _____ |
| 13 | <input type="checkbox"/> Clinical setting photography | # of entries (1-3) _____ |
| 14 | <input type="checkbox"/> Photo/Electron micrography | # of entries (1-3) _____ |
| 15 | <input type="checkbox"/> Composite | # of entries (1-3) _____ |
| 16 | <input type="checkbox"/> The Eye as Art | # of entries (1-3) _____ |
| 17 | <input type="checkbox"/> Cross categories | # of entries (1-3) _____ |
| 18 | <input type="checkbox"/> Optical Coherence Tomography | # of entries (1-3) _____ |
| 19 | <input type="checkbox"/> OCT-Angiography | # of entries (1-3) _____ |
| 20 | <input type="checkbox"/> Autofluorescence | # of entries (1-3) _____ |
| 21 | <input type="checkbox"/> Ultra-widefield Imaging | # of entries (1-3) _____ |

I would like to volunteer to host the exhibit Yes No

OPS ACKNOWLEDGEMENT AND RELEASE

I am the photographer of the attached/submitted ophthalmic image(s), as well as any supporting images included in the submission(s), (the "Image(s)"). I photographed the Image(s) as:

- an employee of an institution, clinic or physician, in which case I acknowledge that the signature of my employer, as the owner of the Image, is required for this Acknowledgement and Release; or
- a contracted employee (freelance photographer), in which case I am the Owner of the Image(s) and alone am authorized to sign this Acknowledgement and Release.

In consideration of the Ophthalmic Photographers' Society (OPS) allowing me to submit the Image for display at this 2019 OPS Scientific Exhibit, and to compete for an OPS Photography Award, I grant and release to the OPS, at no charge and with no liability, the rights to display the Image at the 2019 Annual OPS Scientific Exhibit, OPS publications, and the OPS web site. I allow the OPS to display my winning Image(s) online via various Social Media outlets (Facebook, Twitter, etc.) and would like to be contacted via email to provide additional details about my Image(s).

I hereby acknowledge that I have read and understand the above-stated information, and that no promise, inducement or agreement not expressed herein has been made to me by the OPS.

Print Photographer's Name

Print Employer's Name

Photographer's Signature

Print name of person to sign on behalf of Employer

Date

Employer's Authorized Signature