



OPHTHALMIC
PHOTOGRAPHERS'
SOCIETY

EYE IMAGING EXPERTS

OPS
SCIENTIFIC
EXHIBIT
CALL
FOR
PHOTO
GRAPHS
2018

EXHIBIT TO BE DISPLAYED
AT THE 2018 ANNUAL MEETING
OF THE AMERICAN ACADEMY
OF OPHTHALMOLOGY

SUBMISSION DEADLINE:
AUGUST 3, 2018



OPHTHALMIC
PHOTOGRAPHERS'
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ENTRY RULES

2018 OPS PHOTOGRAPHIC EXHIBIT

ENTRY FEE	None									
SUBMISSION DEADLINE	All entries must be received by Friday, August 3, 2018. No Exceptions.									
ELIGIBILITY	Only current, dues-paid OPS members may submit images. Images that have earned recognition or been displayed in other juried exhibits are not eligible for entry.									
RELEASES	Photographs revealing patient identity must be accompanied by a typewritten, signed, and witnessed photographic release.									
SUBMISSION	All members are encouraged to enter both Print and Stereo divisions. However, the same image, or images that appear similar, may not be entered in both divisions. Failure to comply will result in rejection of the submissions.									
NUMBER OF ENTRIES	No more than three (3) entries per person, per category will be accepted. A single entry may consist of more than one print (e.g. four prints from the same angiogram, progression studies). Any extra prints will be arbitrarily eliminated.									
IMAGE QUALITY	Images which have obvious defects (poor focus, color imbalance, improper exposure, or significant artifacts) will not be accepted for judging. Stereo images which cannot be aligned to provide stereopsis will be rejected. If cropping reduces artifacts, it is recommended that it be used. Recent work is encouraged.									
FORMAT	<p>8" x 10" (20 cm x 25.5 cm) or 11" x 14" (28 cm x 35.5 cm) is encouraged. Prints in other sizes will be accepted if they can be mounted on an 11" x 14" (28 cm x 35.5 cm) or 16" x 18" (40.5 cm x 46 cm) display board and still maintain a quality aesthetic appearance. No image larger than 13.5" x 15.5" (34.5 cm x 39.5 cm) after cropping will be accepted.</p> <p>Multiple print entries are acceptable in the following size combinations only:</p> <table><tr><td>two</td><td>8" x 10"</td><td>20.0 cm x 25.5 cm</td></tr><tr><td>two–four</td><td>5" x 7"</td><td>12.5 cm x 17.5 cm</td></tr><tr><td>two–six</td><td>4" x 5"</td><td>10.0 cm x 12.5 cm</td></tr></table> <p>Photomontages (multiple prints affixed to each other) will not be accepted. A montage must be re-photographed/digitized, printed and submitted as a single print.</p>	two	8" x 10"	20.0 cm x 25.5 cm	two–four	5" x 7"	12.5 cm x 17.5 cm	two–six	4" x 5"	10.0 cm x 12.5 cm
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two–four	5" x 7"	12.5 cm x 17.5 cm								
two–six	4" x 5"	10.0 cm x 12.5 cm								

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 SASE 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"/> Special effects photography | # of entries (1-3) _____ |
| 13 <input type="checkbox"/> Corneal endothelial photography | # of entries (1-3) _____ |
| 14 <input type="checkbox"/> Instrumentation photography | # of entries (1-3) _____ |
| 15 <input type="checkbox"/> Clinical setting photography | # of entries (1-3) _____ |
| 16 <input type="checkbox"/> Photo/Electron micrography | # of entries (1-3) _____ |
| 17 <input type="checkbox"/> Composite | # of entries (1-3) _____ |
| 18 <input type="checkbox"/> The eye as art | # of entries (1-3) _____ |
| 19 <input type="checkbox"/> Cross categories | # of entries (1-3) _____ |
| 20 <input type="checkbox"/> Optical Coherence Tomography | # of entries (1-3) _____ |
| 21 <input type="checkbox"/> Autofluorescence | # of entries (1-3) _____ |
| 22 <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 2018 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 2018 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

ENTRY FORM
Stereo Division

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 E-mail: _____

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

*Please label your digital submissions using the following category codes.

Example: Category(*CODE) = ICG angiogram (*ICG)

- | | | |
|----|--|--------------------------|
| 1 | <input type="checkbox"/> Fluorescein angiogram (*FA) | # of entries (1-3) _____ |
| 2 | <input type="checkbox"/> ICG angiogram (*ICG) | # of entries (1-3) _____ |
| 3 | <input type="checkbox"/> Fundus photography high mag. 20° (*FPHM) | # of entries (1-3) _____ |
| 4 | <input type="checkbox"/> Fundus photography normal 30° to 40° (*FPN) | # of entries (1-3) _____ |
| 5 | <input type="checkbox"/> Fundus photography wide angle 45° + (*FPWA) | # of entries (1-3) _____ |
| 6 | <input type="checkbox"/> Slit lamp photography (*SL) | # of entries (1-3) _____ |
| 7 | <input type="checkbox"/> External photography (*EP) | # of entries (1-3) _____ |
| 8 | <input type="checkbox"/> Gross specimen photography (*GS) | # of entries (1-3) _____ |
| 9 | <input type="checkbox"/> Gonio photography (*GP) | # of entries (1-3) _____ |
| 10 | <input type="checkbox"/> Monochromatic photography (*MC) | # of entries (1-3) _____ |
| 11 | <input type="checkbox"/> Surgical photography (*SP) | # of entries (1-3) _____ |
| 12 | <input type="checkbox"/> Special effects photography (*SE) | # of entries (1-3) _____ |
| 13 | <input type="checkbox"/> Corneal endothelial photography (*CE) | # of entries (1-3) _____ |
| 14 | <input type="checkbox"/> Instrumentation photography (*IP) | # of entries (1-3) _____ |
| 15 | <input type="checkbox"/> Clinical setting photography (*CS) | # of entries (1-3) _____ |
| 16 | <input type="checkbox"/> Photo/Electron micrography (*PM) | # of entries (1-3) _____ |
| 17 | <input type="checkbox"/> Composite (*CI) | # of entries (1-3) _____ |
| 18 | <input type="checkbox"/> The eye as art (*EA) | # of entries (1-3) _____ |
| 19 | <input type="checkbox"/> Cross categories (*CC) | # of entries (1-3) _____ |
| 20 | <input type="checkbox"/> Autofluorescence (*AF) | # of entries (1-3) _____ |
| 21 | <input type="checkbox"/> Ultra-widefield Imaging (*UWF) | # 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 2018 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 2018 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

MOUNTING

Mounted prints will not be accepted. Prints accepted for display will be mounted at OPS expense. Mounting will be borderless and on foamcore. All prints will be trimmed slightly. Stereo images will be digitally displayed.

Stereo slides are no longer accepted.

IDENTIFICATION PRINT DIVISION

Do not attach labels to the print or use correction fluid. Any print with adhesive labels on the back will be rejected. Do not label the front side of prints. Prints should be labeled on the back, top-center with a felt-tipped marker. Please label the back, top-center of each print with the following information:

Full Name	Abner Smith, CRA
Affiliated Practice or Institution	Mission Hospital
City, State	Carmel, California
Print Title or Diagnosis	Retinal Hole
Division Category	Fundus 20°
Multi-print Order Identification	1 of 3

Clinical photographs must be titled with diagnosis. The terms 'normal,' 'probable,' or 'unknown' are acceptable. Entries will not be judged on the basis of an accurate diagnosis. All patient PHI should be masked or eliminated from entries. Monochromatic photographs should be labeled with the wavelength employed. Multiple print entries should indicate intended order. Gross specimen photos should include final magnification with identification, or contain a metric scale. Photomicrographs must contain information on lighting or type of micrography (polarized, phase contrast, scanning electron, etc.) and the final print magnification.

DIGITAL STEREO FORMAT

Minimum acceptable size of each digital image is 1920x1080 pixels.

Files must be submitted in a .tif (TIFF), .png (PNG) or highest quality .jpg (JPEG) format possible. Images must be labeled with the photographer's last name, category code with submission number and Left(L) or Right (R) indicator before the file extension (.jpg). For example: steffensFA1L.jpg and the other image would be steffensFA1R.jpg. For the second submission in the same category, label files steffensFA2L.jpg and steffensFA2R.jpg, and third submission, steffensFA3L.jpg, steffensFA3R.jpg. Category codes can be found on the entry form (e.g. Fluorescein Angiography = FA). Stereo images must be submitted on the OPS web site using the provided upload utility. Detailed instruction can be found online at: http://www.opsweb.org/?page=SEC_StereoUploads

Include a text document listing your name, the diagnosis or title and the relevant file number(s). (e.g. Tim Steffens, CSME, steffensFA1L.jpg and steffensFA1R.jpg).

JUDGING

A panel of judges will review entries in both divisions. The group will be composed of OPS members and ophthalmologists. Judges and exhibit committee members may not submit entries into their respective division. The judges reserve the right to reassign images to different categories.

CATEGORIZATION OF IMAGE SUBMISSIONS

Due to the wide variety of imaging options, techniques and available equipment, these categories provide members with general guidelines for image submission.

RETINAL ANGIOGRAPHY	Retinal images produced with Fluorescein Sodium using appropriate filtration
ICG ANGIOGRAPHY	Choroidal images produced with ICG using the appropriate filtration
FUNDUS PHOTOGRAPHY	(High Mag. 20°, Normal 30°-40°, Wide Angle 45°+) – Color images of the ocular fundus produced with a retinal camera
SLIT LAMP	Images produced with a photo slit lamp biomicroscope
EXTERNAL	Photographs of the outside of the eye, orbit, face, or other appropriate anatomy, which do not qualify for the slit lamp biomicrography category
GONIO PHOTOGRAPHY	Images utilizing a gonio lens
GROSS SPECIMEN	Images of pathological specimens
MONOCHROMATIC	Images produced with a single color of illumination including UV and Infrared
SURGICAL	Images produced in a surgical environment demonstrating a surgical technique or procedure
SPECIAL EFFECTS	An effect used to produce an image(s) that can not be achieved by normal technique(s)
CORNEAL ENDOTHELIAL	Images of the corneal endothelial cells
INSTRUMENTATION	Images of ophthalmic instrumentation
CLINICAL SETTING	Images taken in a clinical environment demonstrating the practice of eye care, the patient/physician encounter, or performance of an exam or technique; photos for public relations are ideal.
LIGHT/ELECTRON MICROGRAPHY	Images of a pathological specimen produced through a compound or electron microscope
COMPOSITE	One montaged image composed of multiple images
EYE AS ART	Be creative. Use your imagination.
CROSS CATEGORIES	Multiple images utilizing more than one photographic technique or process –e.g. a color fundus photo with 3 fluorescein images
OPTICAL COHERENCE TOMOGRAPHY	Anterior or posterior OCT, including OCT Angiography. Supporting images (video image, fundus or slit lamp photo) encouraged to support or reference the OCT image.
AUTOFLUORESCENCE	Images demonstrating ocular structures or pathology that fluoresce without the introduction of dyes or other contrast agents.
ULTRA-WIDEFIELD IMAGING	Any color retinal image with a field of view greater than 60 degrees. Color images ONLY; Ultra-widefield IVFA, ICG or FAF belong in their respective categories above. Images created by merging multiple images (i.e. montage) belong in Composite.

AWARDS

Two complimentary tickets to The OPS Awards Reception and a plaque will be awarded for the "Csaba L. Martonyi Best of Show Award" winner and the "Best of Division Award" winner in each division. Certificates will be awarded in both divisions for first, second, third place, and honorable mention. These photographs will comprise the Society's Scientific Exhibit at the AAO and may be displayed or published by the Society.

**RETURN
OF ENTRIES
AND LIABILITY**

Print Division entries accepted for display will be returned after the annual meeting of the following year. Undisplayed photographs will be shredded, or returned at the expense of the submitting person. Please indicate, on the entry form, which you would prefer. If entries are to be returned, include either a self-addressed, stamped envelope (SASE), with the appropriate postage or a Fed Ex account number with the submission. While every effort will be made to return prints to those who wish, it cannot be guaranteed. If nothing is indicated on the form, undisplayed entries will be shredded. Every attempt will be made to protect the entries. The OPS, the members of the Exhibit Committee, and the institution providing space for judging accept no responsibility for loss or damage to entries. Digital entries will not be returned.

SIGNATURE

Your signature on the entry form indicates that you have read, understand, and have complied with the rules of the exhibit. For online stereo submissions, a scan/copy of the completed and signed Stereo Entry Form must be uploaded along with your images. Unsigned entries will be rejected.

PUBLICATION FILES

First and Second place winners in the Print Division will be required to provide electronic files so their images may be published in the Journal of Ophthalmic Photography. Winners will be contacted directly, after the judging, with instructions on submitting files.

UPLOAD STEREO AT

http://www.opsweb.org/?page=SEC_StereoUploads

MAIL PRINTS TO

M.E.I., c/o Stuart Alfred
555 E. County Line Road, Suite 102
Greenwood, IN 46143

QUESTIONS

Questions pertaining to the stereo division should be directed to Houston Sharpe (336) 264-9896 (EDT) or ops.scientificexhibit@gmail.com
Questions regarding the print division should be directed to Stuart Alfred (317) 517-9455 (EDT) or stuart.alfred@gmail.com

**VOLUNTEERS
NEEDED**

We are looking for volunteers to host the scientific exhibit at the annual AAO meeting. No submissions are required to volunteer. If you are interested in hosting the exhibit for either two or four hours, please check the appropriate box on the entry form or contact Tim Steffens at (734) 936-2283 or e-mail him at tjsteffe@umich.edu. As a volunteer, you will be eligible for Continuing Education Credits. You will also be issued a badge which admits you to the AAO Exhibit Hall. Badge availability is limited, so please volunteer early.