



AMSTERDAM, NETHERLANDS  
**PRESBYOPIA 2013**



*HOLIDAY INN AMSTERDAM  
De Boelelaan 21081  
HJ Amsterdam The Netherlands  
October 4, 2013*

**Organizing Committee**

Daniel Neal, PhD  
Abbott Medical Optics  
Albuquerque, NM

Satish Herekar, MS  
Avedro, Inc.  
Menlo Park, CA

Ronald Krueger, MD  
Cleveland Clinic, Cole Eye Institute  
Cleveland, OH

Keith Holliday, PhD  
Revision Optics  
Lake Forest, CA

**For Corporate Sponsorship Opportunities, Contact:**

Chris Rodrigues  
COR Communications  
2970 Carrillo Way  
Carlsbad, CA 92009

Phone: ++760.603.1171  
Fax: ++760.603.1181  
Email: [chris@cormeetings.com](mailto:chris@cormeetings.com)

## **Meeting Overview**

### **Session I: Physiology of Presbyopia**

- The demographics and costs of presbyopia: worldwide
- Presbyopia lens physiology
- Presbyopic extra-lenticular physiology

Special Keynote Presentation:

- Presbyopia metrics and patient satisfaction

### **Session II: IOL Optics**

- Optical quality in shape changing IOLs
- Comparison of vision with MF IOLs: Technis, AcrySof IQ Restor
- Optics of premium IOL's varies with pupil size
- Novel MF and A-IOLs
- Accurate IOL power calculations for presbyopia correcting IOLs
- The optomechanics of restoring accommodation with dynamic optics: the Powervision experience
- Optical characteristics of a next generation IOL

### **Session III: Lenticular Correction of Presbyopia**

- LiquiLens
- Experience with two lenses
- AAKO lens experience
- Product overview: A review of 6 multifocal solutions for presbyopia: method of action, vision results, limitations, complications & side effects

### **Session IV: Corneal Correction of Presbyopia**

- A review of presbyopia correction methods: mono-vision, blended laser vision correction, inlays, hydrogels and more

### **Session V: Novel Approaches to Presbyopia Correction**

- FemtoLentiular presbyopia treatments
- Pixeloptics IOL
- The visual simulator and full field OCT for presbymetrics
- Presbyopia: Mobile diagnostics
- Multicenter clinical trial of PresView
- Capsular reshaping: ZHC
- LaserAce experience
- PACT experience
- PCO matters

## **Exhibitor Rules and Regulations**

### **1. Space Assignments**

Tabletop exhibits only. Requests for space will be on a first come, first served basis and available only to congress sponsors. **5<sup>th</sup> International Society of Presbyopia Congress** reserves the right to make changes to the floor plan as may be deemed necessary.

### **2. Exhibit Fees/ Refunds**

Please refer to the accompanying application. **Make checks payable to:**  
COR Communications  
2970 Carrillo Way  
Carlsbad, CA 92009  
credit card payments can be faxed to 760/603-1181.

No refunds will be made after August 5, 2013

Sponsorship exhibit space includes:

Tabletop Exhibits only. (2) Chairs, (2) table and 2 exhibitor badges.

### **3. Installation and Dismantling**

- Exhibitor Set-Up – Friday, October 4, 2013, 6:30 – 7:00 am.  
Exhibits will be open before the scientific session, during breaks and lunch periods.
- Exhibitor tear-down – Friday, October, 4, 2013, 5:30 pm.

### **4. Admittance**

Registration and exhibitor badges may be picked up on October 4, 2013, 7:00 – 8:30 am at the registration desk.

### **5. Eventualities**

In the event of postponement of the symposium and exhibits for any cause beyond our control, **5<sup>th</sup> International Society of Presbyopia Congress** will not be financially obligated or otherwise committed, except that settlement by adjustment will be made to each exhibitor on a pro-rated basis after deducting funds needed by the **5<sup>th</sup> International Society of Presbyopia Congress** to meet routine commitments and organizational costs.

## **6. Liability**

Neither the **5<sup>th</sup> International Society of Presbyopia Congress** Congress, its organizers, COR Communications, and its employees, will be responsible for any injury, loss or damage that may occur to the Exhibitor or the Exhibitor's employees or property from any cause whatsoever, prior, during or subsequent to the period covered by the exhibit contract. Each exhibitor must make provision for the safeguarding of his goods, materials, equipment and display at all times. Exhibitor agrees, by signing the application and contract for exhibit space to insure itself at its own expense, against any property loss or damage, and against liability for personal injury. By signing the application and contract for exhibit space, the exhibitor expressly assumes such risk and expressly releases the **5<sup>th</sup> International Society of Presbyopia Congress**, its organizers, COR Communications, and its employees from any and all claims for any such loss, damage or injury.

## **7. Americans with Disabilities**

Exhibiting companies shall be responsible for making its exhibit accessible to persons with disabilities as required by the Americans with Disabilities Act and shall hold **5<sup>th</sup> International Society of Presbyopia Congress** and COR Communications harmless from any consequences of exhibiting company's failure in this regard.

**5th International Society of Presbyopia Congress  
October 4, 2013**

**Meeting Sponsorship Levels**

**Founders- \$25,000**

- 5 free meeting registrations
- link to product/company from meeting website
- 6' tabletop exhibit space with table and 2 chairs
- company logo on advertisements and mailings (premium size and placement)
- advance meeting registration list for promotion
- product or company literature in registration packets
- 3- free blast emails to your specified list

**Associate- \$10,000**

- 2 free meeting registrations
- sponsor acknowledgement on meeting website
- 6' tabletop exhibit booth space with table and 2 chairs
- company logo on advertisements and mailings
- advance meeting registration list for promotion
- product or company literature in registration packets
- free blast email

**Assistant- \$5,000**

- 1 free meeting registration, includes scientific session attendance, meals and social functions)
- sponsor acknowledgement on meeting website
- 6' tabletop exhibit booth space with table and 2 chairs
- company logo on advertisements and mailings'
- advance registration list

**Friend- \$2,500**

- 1 free meeting registration, includes scientific session attendance, meals and social functions)
- sponsor acknowledgement on meeting website
- 6' tabletop exhibit booth space with table and 2 chairs
- company logo on advertisements and mailings
- advance registration list

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**Please fill out and mail or fax with payment to:**

COR Communications  
2970 Carrillo Way  
Carlsbad, CA 92009

**Credit card payments: Fax to 760/603-1181**

In accordance with the following terms, conditions and regulations governing exhibits of the **5<sup>h</sup> International Society of Presbyopia Congress**, the undersigned hereby makes application for exhibit space which, when accepted by the Congress becomes a contract. The undersigned has read and agrees to abide by all the rules. Management may designate requirements, restrictions and regulations as set forth in this agreement or as. Failure to abide by such rules and regulations results in forfeiture of all monies paid or due to Management under terms of this agreement.

Signature \_\_\_\_\_

**Company Name** \_\_\_\_\_

Contact name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Tabletop Booth Personnel Name:

Email Address:

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

**5th International Society of Presbyopia Congress  
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**Corporate Sponsorship Fee**

Founders Level \_\_\_\_\_ @ \$25,000  
Associate Level \_\_\_\_\_ @ \$10,000  
Assistants Level \_\_\_\_\_ @ \$5,000  
Friend Level \_\_\_\_\_ @ \$2,500

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

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

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

**Payment Method**

Bank Transfer

Bank Name: Wells Fargo Bank

Address: 420 Montgomery Street, San Francisco, CA 94104

Account Name: COR Communications

Account Number: 0378621437

Routing Number: 121000248

Swift # wfbius6s

Check (make payable to COR Communications)

Visa \_\_\_\_

MasterCard \_\_\_\_

American Express

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

Expiration Date: \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

*I authorize COR Communications to charge the fee indicated on this form to my credit card.*

FAX COMPLETED FORM TO: 760-603-1181