





# Aloha friends and colleagues,

Join us for the 25th Anniversary Meeting of the Retina Center at Pali Momi Medical Center on April 27-29, 2018, in Hawai'i at the beautiful Halekulani Hotel & Spa in Waikīkī on the island of O'ahu. This academic meeting brings world class speakers and an international audience together to share the latest advances in medical and surgical management of retinal diseases.

Our distinguished guest faculty will present new technology for diagnostic testing, the new era of medical management of retinal diseases, and new surgical approaches—all of which have improved the visual outcomes for our patients. We also look forward to the involvement of attendees in presenting interesting cases and papers on medical and surgical management of retinal diseases.



James C. Lai, MD, Gregg T. Kokame, MD, MMM, and Raymond Wee, MD

Pali Momi Medical Center established the Retina Center in 1993 as a center of excellence for the detection, treatment and prevention of retinal diseases. Pali Momi is part of Hawai'i Pacific Health (HPH), one of the largest health care organizations in Hawai'i. The Retina Center developed the state's first clinical research institute for retinal diseases to improve outcomes and prevent vision loss. Its physician specialists have participated in over 40 multicenter clinical trials, while publishing and presenting original work in major journals and at national and international meetings.

More than two decades ago, we had a vision of developing not only a center of excellence for retinal treatment, but also an academic and research institute to help foster advances in retinal care and education. This vision could only be accomplished with the help of the ophthalmic community, including collaboration with our retinal colleagues in Hawai'i, across the country and around the globe. We can think of no better way to celebrate our 25th anniversary than to provide a forum for sharing information amongst our colleagues. We look forward to welcoming you to our beautiful island state.

With warm regards,

Gregg T. Kokame, MD, MMM Medical Director, Retina Center Pali Momi Medical Center

Dryn L. Kohame M.S.

James C. Lai, MD Retina Specialist Pali Momi Medical Center

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Raymond Wee, MD Retina Specialist Pali Momi Medical Center

### **Distinguished Faculty**



Alexander J. Brucker, MD
Professor of Ophthalmology at the
Presbyterian Medical Center of
Philadelphia
Chief of Retina and Vitreous Service
of the Department of Ophthalmology,
University of Pennsylvania



William Mieler, MD
Professor and Vice-Chairman,
Department of Ophthalmology and
Visual Science
University of Illinois at Chicago, Illinois



Akito Hirakata, MD Chairman, Department of Ophthalmology Kyorin Eye Center, Mitaka, Japan



Joan Miller, MD
Chief and Chair, Department of
Ophthalmology
Massachusetts Eye and Ear, Boston,
Massachusetts



Richard Spaide, MD
Vitreous Retina Macula Consultants of
New York
Assistant Clinical Professor, Department
of Ophthalmology
New York University, New York

### **Educational objectives and goals**

Target Audience: Ophthalmologists and Retina Specialists

#### **PROGRAM OBJECTIVES**

- 1. Apply new management and treatment updates in the medical and surgical management of vitreoretinal diseases.
- 2. Provide evidenced based data from recent clinical trials and advanced imaging techniques to practice.
- 3. Interpret complex medical retinal diseases utilizing multi-modality imaging, including ICG angiography, optical coherence tomography (OCT), optical coherence tomography angiography, and en-face OCT, and autofluorescence.
- 4. Learn best how to publish studies in retinal diseases in major journals.

### **DIFFERENT EDUCATIONAL FORUMS PROVIDED**

Featured scientific lecturers from world renowned faculty, Latest research ideas chosen from free papers from retinal specialists around the world, Imaging symposium with distinguished imaging faculty providing feedback on imaging case presentations.



### **CONTINUING EDUCATION**

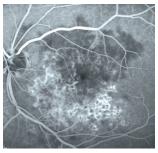
In support of improving patient care, Hawai'i Pacific Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

#### FOR PHYSICIANS WE ARE OFFERING CME

Hawai'i Pacific Health designates this live activity for a maximum of 12.0 AMA PRA Category 1 Credit(s) $^{TM}$ . Physicians should claim only credit commensurate with the extent of their participation in this activity.



# **Preliminary Program**



### Friday, April 27, 2018

3:00 - 5:00 p.m. Early Registration for Attendees/Exhibitor Set Up –

Ballroom/Ballroom Foyer

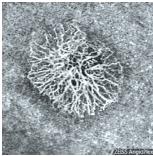
5:00 - 9:00 p.m. \*Additional Registration Hours

5:00 - 7:00 p.m. Welcome Reception

7:00 - 9:00 p.m. Imaging Conference – Ballroom

(Hosted by Dr. Gregg Kokame, MD, MMM and

moderated by Richard Spaide, MD and William Miller, MD)



### Saturday, April 28, 2018

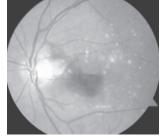
7:00 - 8:00 a.m. Early Registration and Continental Breakfast – Ballroom

8:00 - 4:15 p.m. \*Additional Registration Hours

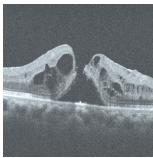
8:00 - 8:30 a.m. Welcome/Introductions and Program Overview – Ballroom

Gregg T. Kokame, MD, MMM

James C. Lai, MD Raymond Wee, MD



8:30 - 10:30 a.m. Scientific Session – Ballroom
10:30 - 10:45 a.m. Break/Exhibitor Session
10:45 a.m. - 12:45 p.m. Scientific Session – Ballroom
12:45 - 1:45 p.m. Lunch/Exhibitor Session – TBA
1:45 - 4:15 p.m. Scientific Session – Ballroom
4:15 - 6:00 p.m. Break/Exhibitor Session
6:30 - 9:00 p.m. Gala Dinner – Ballroom



### **Sunday, April 29, 2018**

7:00 - 8:00 a.m. Early Registration and Continental Breakfast – Ballroom

8:00 a.m. - 12:00 p.m. \*Additional Registration Hours 8:00 - 10:00 a.m. Scientific Session – *Ballroom* 10:00 - 10:15 a.m. Break/Exhibitor Session 10:15 - 11:45 a.m. Scientific Session – *Ballroom* 

11:45 a.m. - 12:00 p.m. Closing Remarks - Meeting Adjournment

Gregg T. Kokame, MD, MMM

James C. Lai, MD Raymond Wee, MD





### **Conference Information**

#### **REGISTRATION INFO**

- Physicians \$400 (Registration received by Feb. 28, 2018)
- Late Registration Fee \$500 (Registration received after Feb. 28, 2018)
- April 28 Dinner Gala (quest) Fee \$100

The registration fee includes program materials, continental breakfasts (April 27 – 28), lunch (April 28), welcome reception on April 27, dinner on April 28, and validated parking (April 27 – 29)

\*Registration will be accepted as long as space is available.

\*\*Complete the registration form and credit card authorization form and mail or fax to:

Pali Momi Foundation / 25<sup>th</sup> Anniversary Meeting 55 Merchant Street, Suite 2600, Honolulu, Hawai'i 96813

Fax: 808-535-7111

#### **EXHIBITS**

Manufacturers and distributors of pertinent equipment and pharmaceuticals will exhibit at this meeting. Time will be set aside to allow participants to visit the exhibits.

#### **HOTEL ACCOMMODATIONS**

Function rates will be available at the Halekulani Hotel and the Waikiki Parc when you mention participating in the 25th Anniversary Meeting of the Retina Center at Pali Momi Medical Center.

Halekulani Room Reservations at 808-923-2311/toll free at 844-873-9424 Waikiki Parc Room Reservations at 808-921-7272/toll free at 844-640-0842

Rates at the Waikiki Parc start at \$233 per day.



### **IMAGING CONFERENCE INFORMATION**

Please submit Imaging Conference Submission Form to:

Sheila Chamian/25<sup>th</sup> Anniversary Meeting

98-1079 Moanalua Road, Suite 470, Aiea, Hawaii 96701

Phone: 808-380-8060 Fax: 808-380-2859 Email: sheila@retinahi.com, retinahawaii@aol.com

\*Please complete and submit form by Feb. 1, 2018

### FREE PAPER SUBMISSION INFORMATION

Please submit Imaging Conference Submission Form to:

Sheila Chamian/25th Anniversary Meeting

98-1079 Moanalua Road, Suite 470, Aiea, Hawaii 96701

Phone: 808-380-8060 Fax: 808-380-2859 Email: sheila@retinahi.com, retinahawaii@aol.com

\*Please complete and submit form by Feb. 1, 2018



# **Registration Form**

Name:				
	ny:			
	Address:			
_	State:			
-	Email:			
Registr	ration Fees:			
	\$400.00 for Physicians (by Feb. 28, 2018)			
	\$500.00 for Physicians (after Feb. 28, 2018)			
	\$100.00 per additional guest at the April 28 Gala Dinner			
Registr	ration Amount:	\$		_
Additio	nal Guests for the Gala Dinner on Saturday, April 28			
Name o	of Guest(s):	\$		_
	Total Amount:	\$		_
I will b	e attending the following sessions: (please circle)			
	Friday, April 27, 2018 Imaging Conference	YES	NO	
	Friday, April 27, 2018 Welcome Reception	YES	NO	
	Saturday, April 28, 2018 Academic Session 1	YES	NO	
	Saturday, April 28, 2018 Gala Dinner (6:30 - 9 p.m.)	YES	NO	
	Sunday, April 29, 2018 Academic Session 2	YES	NO	
*Ear CL	JECK payments places make check payable to: Pali Memi Fo	undati	on	

\*For CHECK payments, please make check payable to: Pali Momi Foundation

Mail check payment and Registration Form to:

Pali Momi Foundation / 25<sup>th</sup> Anniversary Meeting 55 Merchant Street, Suite 2600, Honolulu, Hawai'i 96813

\*For CREDIT CARD payments, please complete Credit Card Authorization Form and FAX form to: Pali Momi Foundation at 808-535-7111



### **Credit Card Authorization Form**

The Retina Center at Pali Momi 25th Anniversary International Vitreoretinal Symposium, April 27-29, 2018 VISA MASTER CARD DISCOVER AMERICAN EXPRESS (please circle) Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Printed Name on Card: \_\_\_\_\_ For payment of Registration fees for the upcoming meeting: For payment of Sponsor/Exhibitor fees for the upcoming meeting: **Total Amount:** I, \_\_\_\_\_, give the Pali Momi Foundation the right to irrevocably authorize charges in the amount of \$\_\_\_\_\_\_, to the above credit card. Business/Company Individual Name \_\_\_\_ Authorized Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_ Billing Address: \_\_\_\_\_ Phone Number: Email Address: \_\_\_\_\_ Please return this form by fax to: Pali Momi Foundation Fax No. 808-535-7111 Please return this form by mail: Pali Momi Foundation / 25th Anniversary Meeting

As a security precaution, please do not send credit card information to any e-mail account

55 Merchant Street, Suite 2600, Honolulu, Hawai'i 96813

The Retina Center at Pali Momi Medical Center
25th Anniversary International Vitreoretinal Symposium
April 27-29, 2018
Halekulani Hotel – Honolulu, Hawai'i (Island of O'ahu)



# **Sponsorship Form**

Name:							
	ny:						
	Address:						
	State:						
-	Email:						
Sponso	prship Fees:						
	\$25,000 Anniversary Reception Sponsorship OR Dinner Gala	Spons	orship				
	\$15,000 Diamond Sponsorship						
	\$10,000 Ruby Sponsorship						
	\$5,000 Sapphire Sponsorship						
	\$3,000 Exhibitor						
	\$1,000 Additional Attendee						
Sponso	orship Amount:	\$					
Additio	onal Guests (\$100 each) for the Gala Dinner on Saturday, April 2	28					
Name of Guest(s):		\$					
	Total Amount:	\$					
I will b	e attending the following sessions: (please circle)						
	Friday, April 27, 2018 Imaging Conference	YES	NO				
	Friday, April 27, 2018 Welcome Reception	YES	NO				
	Saturday, April 28, 2018 Academic Session 1	YES	NO				
	Saturday, April 28, 2018 Gala Dinner (6:30 - 9 p.m.)	YES	NO				
	Sunday, April 29, 2018 Academic Session 2	YES	NO				

\*For CHECK payments, please make check payable to: Pali Momi Foundation

Mail check payment and Registration Form to:

Pali Momi Foundation / 25<sup>th</sup> Anniversary Meeting 55 Merchant Street, Suite 2600, Honolulu, Hawai'i 96813

\*For CREDIT CARD payments, please complete Credit Card Authorization Form and FAX form to: Pali Momi Foundation at 808-535-7111



### **Imaging Conference Submission Form**

Deadline: Please have your abstract submitted by Feb. 1, 2018

#### Please submit abstracts to:

Sheila Chamian / 25th Anniversary Meeting

98-1079 Moanalua Road, Suite 470, Aiea, Hawai'i 96701

Phone Number: 808-380-8060 Fax Number: 808-380-2859

Email: sheila@retinahi.com, retinahawaii@aol.com

Title:			
Authors(s):			
Address:			<del>-</del>
City:		_ State:	_ ZIP Code:
Address Continued:			
Fax:	_ Phone:		
Email:			

The Retina Center at Pali Momi Medical Center
25th Anniversary International Vitreoretinal Symposium
April 27-29, 2018

Please format your abstract to include: Purpose, Methods, Results, and Conclusion

Halekulani Hotel – Honolulu, Hawai'i (Island of O'ahu)



# **Free Paper Submission Form**

Deadline: Please have your abstract submitted by Feb. 1, 2018

### Please submit abstracts to:

Sheila Chamian / 25th Anniversary Meeting

98-1079 Moanalua Road, Suite 470, Aiea, Hawai'i 96701

Please format your abstract to include: Purpose, Methods, Results, and Conclusion

Phone Number: 808-380-8060 Fax Number: 808-380-2859

Email: sheila@retinahi.com, retinahawaii@aol.com

Title:	 	
Authors(s):		
Address:		
City:		
Address Continued:		
Fax:		
Email:	 	



### **Corporate Sponsorship and Exhibitors**

### **ANNIVERSARY RECEPTION SPONSORSHIP: \$25,000**

OR

### **ANNIVERSARY DINNER GALA SPONSORSHIP: \$25,000**

(4) Attendees

(2) Exhibition Tables

Acknowledgement at Event Reception/Dinner Gala

Full page sponsorship recognition in program booklet

Extra Large logo recognition on Sponsorship Banner

### **DIAMOND SPONSORSHIP: \$15,000**

(4) Attendees

(2) Exhibition Tables

Half page sponsorship recognition in program booklet

Large logo recognition on Sponsorship Banner

### **RUBY SPONSORSHIP: \$10,000**

(3) Attendees

(2) Exhibition Tables

Quarter page sponsorship recognition in program booklet

Medium logo recognition on Sponsorship Banner

### **SAPPHIRE SPONSORSHIP: \$5,000**

(2) Attendees

(1) Exhibition Table

Company Listing recognition in program booklet

Small logo recognition on Sponsorship Banner

### **EXHIBITOR: \$3,000**

(1) Attendee

(1) Exhibition Table

Company Listing in program booklet

Meeting Sponsorship/Exhibitor requests should be completed by March 23, 2018

Sponsorship/Exhibitor checks are made payable to the Pali Momi Foundation and sent to:

Pali Momi Foundation (Federal ID#38-3840327)

55 Merchant Street, Suite 2600, Honolulu, Hawai'i 96813

Fax: 808-535-7111





