



OPHTHALMIC
PHOTOGRAPHERS'
SOCIETY
EYE IMAGING EXPERTS

Film submissions no longer
accepted for stereo division.

Please read the submission guidelines carefully
for digital image file size, format and labeling
requirements.

The cost to return undisplayed
prints will no longer be covered by
the OPS.

Please read the submission guidelines carefully
for details about print return options.

SCIENTIFIC EXHIBIT

CALL FOR
PHOTOGRAPHS

Submission deadline
August 06, 2010

Chicago, Illinois
October 15 - 19, 2010

EXHIBIT TO BE DISPLAYED
AT THE 2010 ANNUAL MEETING
OF THE AMERICAN ACADEMY OF
OPHTHALMOLOGY



ENTRY RULES

2010 OPS PHOTOGRAPHIC EXHIBIT

ENTRY FEE	None									
ELIGIBILITY	Only current, dues-paid OPS members may submit images. Images that have been displayed in previous OPS 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 masking 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.</p> <p>Four 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								

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. Monochromatic photographs must 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 640x640 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, name 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). Digital stereo images must be submitted on a CD with the photographer's first and last name and contact information clearly printed on the CD. Include a text document listing your name, the diagnosis or title and the relevant file number(s). (e.g. Tim Steffens, Diabetic Retinopathy, steffensFA1L.jpg and steffensFA1R.jpg).

CATEGORIES

Please see insert for information on all categories including digital stereo submission codes.

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.

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 our best effort will be given to return prints to those who wish, it is not guaranteed that they will be returned. 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. Unsigned entries will be rejected.

DEADLINE

All entries must be received by Friday August 6, 2010. No Exceptions.

QUESTIONS

Questions pertaining to the stereo division should be directed to Marcela Hickey (239) 659-3985 (EDT) or mhickey@med.miami.edu
Questions regarding the print division should be directed to Jim Strong (717) 531-0003 x283348 (EDT) or jstrong1@hmc.psu.edu

**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 Allison Schmidt at (218) 451-9574 or e-mail her at ophthal1@hotmail.com. As a volunteer you will be issued a badge which admits you to the AAO Exhibit Hall for the entire week. Badge availability is limited so please volunteer early.

MAIL STEREOS TO

Marcela Hickey, CRA
Bascom Palmer Eye Institute
Retina Center of Naples
311 9th Street N, Suite 100
Naples, FL 34102

MAIL PRINTS TO

Jim Strong, CRA, OCT-C
Penn State Hershey Eye Center
500 University Drive
UPC1 Suite 800, HU19
Hershey, PA 17033-0850

ENTRY FORM Print Division

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

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 Fluorescein angiogram
- 2 ICG angiogram
- 3 Fundus photography high mag. 20°
- 4 Fundus photography normal 30° to 40°
- 5 Fundus photography wide angle 45° +
- 6 Slit lamp photography
- 7 External photography
- 8 Gross specimen photography
- 9 Gonio photography
- 10 Monochromatic photography
- 11 Surgical photography
- 12 Special effects photography
- 13 Corneal endothelial photography
- 14 Instrumentation photography
- 15 Clinical setting photography
- 16 Photo/Electron micrography
- 17 Composite
- 18 The eye as art
- 19 Cross categories
- 20 Optical Coherence Tomography

I would like to volunteer to host the exhibit Yes No

OPS ACKNOWLEDGEMENT AND RELEASE

I am the photographer of the attached ophthalmic image (the "Image"). I photographed the Image 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 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 2010 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 2010 Annual OPS Scientific Exhibit, OPS publications, and the OPS web site.

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

Date

ENTRY FORM Stereo Division

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

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

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

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

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

I would like to volunteer to host the exhibit Yes No

OPS ACKNOWLEDGEMENT AND RELEASE

I am the photographer of the attached ophthalmic image (the "Image"). I photographed the Image 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 and alone am authorized to sign this Acknowledgement and Release.

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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

Date

OPS Scientific Exhibit
General guidelines for categorization of image submission

Due to the wide variety of imaging options, media (mediums), techniques and equipment available, the following categories are designed to provide members with the 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 biomicroscopy 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.

Photo/Electron Microscopy – Images of a pathological specimen produced through a compound or electron microscope.

Composite (formerly Digital Imaging) – 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 (a color fundus photo with 3 fluorescein images).

Optical Coherence Tomography – Anterior or posterior chamber images taken with an OCT. Supporting images (video image, fundus or slit lamp photo) encouraged to support or reference the OCT image.