About OIUF

The Ocular Immunology and Uveitis Foundation (OIUF) is a national non-profit organization, based at the Massachusetts Eye Research and Surgery Institute in Cambridge, Massachusetts at 5 Cambridge Center. OIUF is the nation’s leading non-profit health organization dedicated to finding the causes and cure for ocular inflammatory and surface diseases and is the only national organization exclusively serving individuals, families and friends affected by such disorders.

OIUF is currently conducting two research projects funded by NIH grants, 6 other grant supported research projects, and is independently supporting 14 other research projects by generous donations from fundraisers like the Walk for Vision.

In addition to Research, our services include:

- 6 support group meetings at the Massachusetts Eye Research and Surgery Institution
- Online Support for patients, kids, and families
- Pathfinders Program (patient to patient support)
- Ocular Inflammatory Disease educational guides and documentaries
- Fellowship training
- Physician Education and Patient Conferences
- Publications (Text Books, Articles, Monographs)

There is never any charge, ever, for participation in our support resources or for our publications. We are committed to keeping these resources, programs, and publications free of charge and accessible to anyone living with ocular inflammatory disease. Therefore, we depend heavily on your generous support. Please show your support by walking with us this year and/or through one of our sponsorship opportunities.

Mission

The Ocular Immunology and Uveitis Foundation is a 501c(3), national non-profit, tax-exempt organization. Our mission is to find cures for ocular inflammatory diseases, to erase the worldwide deficit of properly trained ocular immunologists, and to provide education and emotional support for those patients afflicted with ocular inflammatory disease.
2012 SYMPOSIUM ON CHILDHOOD UVEITIS

800-9:00 Breakfast
9:00-9:15 Introduction & Objectives C. Stephen Foster, MD
9:15-9:25 Epidemiology: The magnitude of the problem & need for early referral Stephen Anesi, MD
9:25-9:40 Differential Diagnoses: Causes of Childhood Uveitis Stephen Anesi, MD
9:40-10:00 Special Challenges & outcomes C. Stephen Foster, MD

10:00-10:10 A Parent’s Experience Andrea Patisteas
10:10-10:40 A Family Affair Jennifer Rein, MSW, LICSW
10:45-11:00 Break

JUVENILE IDIOPATHIC ARTHRITIS-ASSOCIATED UVEITIS
11:00-11:10 Eye/Joint Disparate Inflammation H. Nida Sen, MD
11:10-11:30 The Rheumatologist Perspective Patrick Whelan, MD, PhD
11:30-11:50 The Ophthalmologist Perspective C. Stephen Foster, MD

TREATMENT OPTIONS
11:50-12:20 Step ladder Approach to Care C. Stephen Foster, MD
12:20-12:40 New treatments H. Nida Sen, MD

A conference with therapeutic recreational activities for children and their siblings will be offered simultaneously at MERSI, 5 Cambridge Center, 8th Floor
2012 Symposium on Childhood Uveitis
Parent and Children Registration Form

Please complete this form and return to Alison Justus, in person, by fax, or mail (see below). Appointments will be reserved on Friday afternoon with Dr. Foster for out of town and new patients; please indicate on the registration form if an appointment is needed and a staff member will contact you using the number listed below. The Ocular Immunology and Uveitis Foundation is hosting this event. Please contact us if there is a change in your plans and you are unable to attend.

Name of child-patient: _______________________________ Age: ________

Appointment needed: ______ yes ______ no

Name and Address of Attending Parent(s)/Guardian:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Contact telephone: (_____ ) __________________________

E-Mail (please print) ___________________________________________

For others planning to attend Conference, please list below and for children (12 and under), please indicate age (including siblings): For adults, please indicate relationship to child-patient.

Name                                         Relationship to child                                 Age (Child Only)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please submit Registration Form by September 20th, 2012 in person or via e-mail 
ajustus@mersi.com, fax, 617-621-2953, or mail:
Uveitis Support Group
348 Glen Road, Weston MA 02493