



# Association of University Professors of Ophthalmology

## COMPENSATION SURVEY

Dear AUPO Member:

The Association of University Professors of Ophthalmology (AUPO) has completed a comprehensive survey of the compensation levels paid to ophthalmologists in academic healthcare settings. To accomplish this task, AUPO retained the services of Sullivan, Cotter, and Associates, Inc., a healthcare human resource management consulting firm specializing in physician compensation with expertise in conducting physician compensation surveys.

We encourage all AUPO members to purchase the results of this important survey. Members who participated in the survey can receive one copy of this survey report for \$300. Members who did not participate in this survey can purchase one copy of the report for the non-participant price of \$1,000. Please note that 8.5% sales tax will be added to purchases by California residents and \$4.00 postage will be added to each purchase. To purchase your copy of the report, please complete the attached order form and submit it to the AUPO office with payment by check, VISA, or MasterCard. Please allow up to two weeks for delivery.

The AUPO requests the signature of the Department Chair as confirmation of knowledge of the request for the report and agreement to maintain confidentiality.

Sincerely,  
The AUPO Board of Trustees

# Association of University Professors of Ophthalmology

## AUPO Survey Compensation Order Form

Department Chair Name: \_\_\_\_\_

Institution: \_\_\_\_\_

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Department Chair Signature : \_\_\_\_\_

**Category:**

<input type="checkbox"/> Survey (participant)	\$ 300.00
<input type="checkbox"/> Survey (participant) <b>CA Resident (8.5% sales tax)</b>	\$ 325.50
<input type="checkbox"/> Survey (non – participant)	\$1000.00
<input type="checkbox"/> Survey (non – participant) <b>CA Resident (8.5% sales tax)</b>	\$1085.00

**Shipping:**

**First Class Mail (US Only)** \$4.00

**Fed Ex** (charged to recipient's account) Fed Ex Acct \_\_\_\_\_

Priority Overnight  Standard Overnight  2-Day (Economy)

**Method of Payment:**

Check payable to: **AUPO**

Visa / MasterCard

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Be sure you have completed the following when placing your order:**

- ✓ Complete Order Form with Chair Name and Chair Signature.
- ✓ Form of Payment
- ✓ Choice of Shipment

**Send to:**

AUPO • P.O. Box 420369 • San Francisco, CA 94142-0369  
(415) 561-8548 FAX (415) 561-8531 [aupo@aao.org](mailto:aupo@aao.org)