ISEPS/COS 2016 J	oint Conference					
Illinois Society of Eye Physicians & Surgeons * Chicago Ophthalmological Society March 11, 2016 * Stephens Convention Center, Rosemont						
Please provide the information noted below and return with your registration fee to: ISEPS/COS administrative office, 10 W. Phillip Road., Suite 120, Vernon Hills, IL 60061 If paying by credit card you may fax your form to: 847/680-1682; or email to: Rich@ILeyeMD.org Use a separate form for <u>each</u> person registering. You will receive a confirmation by return mail. Pre-registration is required for this conference.						
Name						
Mailing address						
City	State Zip					
Office phone	Fax					
E-mail address:						

Registration fees for *physician* **conference** – Check the box next to the registration category that applies to you. Be sure to enter the <u>number</u> of individuals you are signing up for the Presidents' Dinner. If not attending the dinner, enter "0" or leave blank.

Membership Category	Early Bird before 2/27/16	Regular (after Feb 26)
ISEPS or COS Members (or verified member of other state society)	□ \$275.00	□ \$350.00
Non-member ophthalmologists	□ \$400.00	□ \$450.00
Residents or fellows in training	□ \$50.00	□ \$75.00
Fully retired	1 \$75.00	□ \$100.00
Presidents' Dinner (any physician attendee & up to one guest) * Enter number attending in the space next to the fee amount \rightarrow	\$75.00	\$100.00

* Price for the Presidents' Dinner is per person

Payment

	Total payment end	losed			\$
Forn	n of payment:	□ Check □ Visa Make checks paya			American Express
Credit Card #			Securit	Exp. Date y Code (3 or 4 digits	s)
Name on card:					
Signature					
Credit card billi	ng address (if different	from above):			

Billing address city/state/zip: