## **ISEPS/COS 2017 Joint Conference**

Illinois Society of Eye Physicians & Surgeons & Chicago Ophthalmological Society

## **April 7, 2017 ❖ Stephens Convention Center, Rosemont** PHYSICIAN SESSION REGISTRATION FORM

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.

Mailing address			
City	State	— Zip ———	
Office phone	Fax		
E-mail address:			
Registration fees for <i>physician</i> conference – Chapplies to you. Be sure to enter the <u>number</u> of indinot attending the dinner, enter "0" or leave blank.			
Membership Category		Early Bird before 3/25/2017	Regular (after March 24
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	<b>□</b> \$75.00
Fully retired		□ \$75.00	□ \$100.00
Presidents' Dinner (any physician attendee & up to one guest) *  Enter number attending in the space next to the fee amount →		\$75.00	\$100.00
* Price for the Presidents' Dinner is <i>per person</i> Payment			
☐ Member ☐ Non-member ☐ Resident/Fel Total payment enclosed			\$
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	Security Code (3 or 4	digits)	
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