



ISEPS – ICD-10 WORKSHOP REGISTRATION FORM

Please complete the registration form below and return together with your registration fee to:
 Illinois Society of Eye Physicians & Surgeons • 10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061-1730
 Toll-free: 800-838-3627 • Fax: 847-680-1682 • Email: Rich@ILeyeMD.org
If paying by credit card, you may fax your form to: 847/680-1682

Do not write in this space

You may complete this form on your computer and then print it out.

Practice name (MUST be included)	
Office Address	
City/State/Zip	
Office Contact Name (first/last)	
Office Contact Information <i>(Email required for webcast registrations)</i>	Phone: _____ Fax: _____ Email: _____
ISEPS member status	<input type="checkbox"/> Practice member <input type="checkbox"/> Individual member <input type="checkbox"/> Resident/Fellow <input type="checkbox"/> Non-member

REGISTRATION & FEES

If you need more space, copy this form and attach. Individual fees may be combined into one check.
SESSIONS -- 1= Naperville 2= Rosemont 3= Webcast (one computer only per registration)

<u>Attendee's Name or Webcast user's email</u>	<u>Session (check one)</u> <i>Pick session from list above</i>	<u>Registration fee</u>
_____	1 2 3	\$ _____
_____	1 2 3	_____
_____	1 2 3	_____
_____	1 2 3	_____

<p>Total registration fees <i>If paying by check, make payable to: "Illinois Society of Eye Physicians & Surgeons"</i></p> <p>If you qualify for a group discount, deduct from the total fees for all attendees and pay the "final fee" amount</p>	<p>Total registrations for all attendees \$ _____</p> <p>Check if taking group discount: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 20% (Amt: _____) <i>(member practices only)</i></p> <p style="text-align: right;">Final fee → \$ _____</p> <p>Payment: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex</p>
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Credit Card #	Exp. Date	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Security Code (3 or 4 digits)		
Name on card: _____		
Billing address (if different from above): _____		

Illinois Society of Eye Physicians & Surgeons ICD-10 Workshop

The following full-day sessions are being offered, including one that will be webcast live. Please indicate your choice of session in the space provided on the registration form for each individual attending.

You may select different sessions for each person. **Please note the session number for the workshop you wish to attend and circle/check on the front of this form.**

Questions? Contact ISEPS at 800/838-3627, or by Email: RichardPaul@dls.net

Web: www.IEyeMD.org

REGISTRATION FEE SCHEDULE

Your registration fee includes lunch, meeting handouts and an ICD-10 code book

ISEPS Members and office staff employed by a "Practice" member*

Basic fee (in-person or webcast)	\$425 ea.
Up to 5 attendees from the same practice (<i>in-person</i>)	5% discount
Up to 10 attendees from the same practice (<i>in-person</i>)	10% discount
11+ attendees from the same practice (<i>in-person</i>)	15% discount

Practice dues must be paid by the date of the seminar in order to receive member discounts!

Non-member ophthalmologists or non-physician staff employed by an "Individual" member

All attendees, in-person or webcast	\$800 ea.
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Residents and Fellows enrolled in an accredited training program

Residents/fellows	\$200 ea.
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* For a non-ophthalmologist staff person to register at the member discounted rate, the practice that employs them must have an ISEPS "Practice Membership." Practice memberships provide member benefits for all the ophthalmologists and non-physician staff in the office. Doctors who have retained their ISEPS membership in the "Individual" category may attend personally at the member rate, but their employees must pay the non-member rate. You can convert from an "Individual" membership to a "Practice" membership, or join the ISEPS as a new Practice member, at any time. Please contact the ISEPS to convert/join now or if you have any questions about this policy. **Member discounts are available only if your dues are paid!**

REFUND & CANCELLATION POLICY

Registrants who cancel at least **seven days** before the date of the workshop will be entitled to a refund *less* a \$50 processing fee. We are unable to offer refunds for cancellations received less than seven days in advance or for "no-shows." You may substitute another person in the event the registrant has a last-minute change of plans. Registrants who are a "no-show" will be given all of the handout materials.

DATES AND LOCATIONS

Registration opens at 8:00 a.m. – Seminar runs from 8:30 a.m. to 4:00 p.m.

Continental breakfast and lunch are provided

Session 1 - Thursday, April 23

WESTERN SUBURBS - Naperville
Northern Illinois University Conference Center
1120 E. Diehl Rd., Naperville

Session 2 - Friday, April 24

ROSEMONT - Stephens Convention Center
5555 N. River Rd., Rosemont

Session 3 - Friday, April 24

WEBCAST- Not available in the following counties: Cook, Dekalb, DuPage, Grundy, Kane, Kankakee, Kendall, Lake & Will

Please note: Webcast registrations are for one computer per registration. Enter the email address of the person who will be logging in for the webcast in the "attendee" space on the form. If you wish to log-in other computers (for example, at satellite offices), enter additional email addresses in the attendee spaces and pay the registration fee.

Each registrant will receive a confirmation letter with meeting details, including a map to the meeting location. Read your confirmation letter carefully and contact the ISEPS office if you notice any errors.