



ISEPS Medicare Coding Seminar - 2016 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

If you email this form, be sure to save it to a different file name first, then attach to email.

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| Practice name (MUST be included) . . . | |
| Office Address . . . | |
| City/State/Zip . . . | |
| Office Contact Information . . . | Phone: _____ Fax: _____ Email: _____ |
| ISEPS member status . . . | <input type="checkbox"/> Practice Member <input type="checkbox"/> Individual Member <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 -- See reverse side for details. 1= Springfield 2= Naperville/Lisle 3= Rosemont

| <u>Attendee's Name</u> | <u>Session (circle one)</u> <i>Pick session from reverse side</i> | <u>Registration fee</u> |
|------------------------|--|-------------------------|
| _____ | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | \$ _____ |
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| Total registration fee enclosed <i>Make your check payable to the "Illinois Society of Eye Physicians & Surgeons"</i> | \$ _____ Payment: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express |
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| Credit Card # <table style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | Exp. Date <table style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td></tr></table> / <table style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td></tr></table> | | | | |
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| Security Code (3 or 4 digits) <table style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name on card: _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| Billing address (if different from above): _____ | | | | | | | | | | | | | | | | | | | | | | | | |

Illinois Society of Eye Physicians & Surgeons Spring 2016 Medicare Coding Seminar

Featuring Joy Newby

The following three full-day sessions are being offered. 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: Rich@ILeyeMD.org

Web: www.ILeyeMD.org

REGISTRATION FEE SCHEDULE

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

First person from an office \$365 ea.

Second through fifth person from the same practice \$325 ea.

Six or more individuals from the same practice \$300 ea.

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 \$650 ea.

Residents and Fellows enrolled in an accredited training program

Residents/fellows \$115 ea.

* 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 provided by Joy Newby.

DATES AND LOCATIONS

Registration opens at 8:30 a.m. – Seminar runs from 9 a.m. to 4:30 p.m.

Continental breakfast and lunch are provided

Session 1 - Tues., February 16

SPRINGFIELD - Northfield Inn, Suites &
Conference Center; 3280 Northfield Drive, Springfield

Session 2 - Wed., February 17

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

Session 3 - Thurs., February 18

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

*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.*