



# ISEPS Medicare Coding Seminar - 2017 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@LEyeMD.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.

<b>Practice name (MUST be included)</b>		
<b>Office Address</b>		
<b>City/State/Zip</b>		
<b>Office Contact Name (first/last)</b>		
<b>Office Contact Information</b> <i>(Email required for webcast registrations)</i>	<b>Phone:</b>	<b>Fax:</b>
	<b>Email:</b>	
<b>ISEPS member status</b>	<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= Rosemont 2= Naperville 3= Webcast (one computer only per registration)

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

<b>Total registration fees</b> <i>If paying by check, make payable to: "Illinois Society of Eye Physicians &amp; Surgeons"</i>	Total registrations for all attendees ..... \$ _____
	Payment: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex

Credit Card #																				Exp. Date			/					Security Code (3 or 4 digits)						
Name on card: _____																																		
Billing address (if different from above): _____																																		