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IAO/COS 2010 Joint Conference

Illinois Association of Ophthalmology ❖ Chicago Ophthalmological Society

February 19, 2010 ❖ Stephens Conference Center, Rosemont

ADMINISTRATORS REGISTRATION FORM

Please complete this form and return with your registration fee to the IAO/COS office at 10 W. Phillip Road., Suite 120, Vernon Hills, IL 60061. If paying your registration fee by credit card you may fax your form to: 847/680-1682. Use a separate form for **each** person registering, although you may combine registration fees for several attendees into one check or credit card payment. You may reprint this form as many times as needed. Each attendee will receive a confirmation by return mail.

Pre-registration is required for this conference. PLEASE PRINT

Attendee's Name (required) _____

Practice name (required) _____

Practice address _____

City _____ State _____ Zip _____

Office phone _____ Fax _____

E-mail address: _____

Membership Category	Fee
Employee of IAO Practice Member	$50.00
Employee of "Individual" IAO members	$75.00
Employee of Non-member	$100.00

IAO has two categories of membership: Practice and Individual. Practice memberships provide benefits for all of the ophthalmologists in the office plus all non-physician employees. "Individual" memberships cover only the particular ophthalmologist who joined. Contact the IAO with questions.

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Make checks payable to "IAO/COS Joint Conference"

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