IAO/COS 2010 Joint Conference

Illinois Association of Ophthalmology ❖ Chicago Ophthalmological Society

February 19-20, 2010 ❖ Stephens Convention Center, Rosemont

PHYSICIAN SESSION REGISTRATION FORM

You can complete this form on your computer and then print it locally. Also, you can save the file to your computer with a different filename and then attach to an email. If sending by email, address to: RichardPaul@DLS.net

Print

Please provide the information noted below and return with your registration fee to:
IAO/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: RichardPaul@DLS.net
Use a separate form for each person registering. You will receive a confirmation by return mail.
Pre-registration is required for this conference.

Name _____

Mailing address _____

City _____ State _____ Zip _____

Office phone _____ Fax _____

E-mail address: _____

Registration fees for physician conference

Membership Category	Regular	After Jan. 31
IAO or COS Members (or verified member of other state society)	$275.00	$325.00
Non-member ophthalmologists	$400.00	$450.00
Residents or fellows in training	$100.00	$100.00
If registration is received at IAO office after 5:00 p.m. on February 12, ADD $30 to amounts listed above		

Payment

☐ Member ☐ Non-member ☐ Resident/Fellow

Total payment enclosed . . . . . $_____

Form of payment: ☐ Check ☐ Visa ☐ MasterCard ☐ Discover

Make checks payable to "IAO/COS Joint Conference"

Credit Card # | | | | | | | | | | | | | | | | | | | | Exp. Date | | / | |

Security Code (on back of card) | | | |

Name on card: _____

Signature _____

Credit card billing address (if different from above): _____

Billing address city/state/zip: _____