

ISEPS/COS 2015 Joint Conference

Illinois Society of Eye Physicians & Surgeons & Chicago Ophthalmological Society

March 6, 2015 ❖ Stephens Convention Center, Rosemont TECHNICIAN & ADMINISTRATOR REGISTRATION FORM

Do not write in the space below

You can complete this form on your computer and then print it out. Or, you can save the file to your computer with a <u>different filename</u> and then attach to an email. If sending by email, address to: Rich@ILeyeMD.org

Please complete the registration form below and return with your registration fee to: ISEPS/COS Joint Conference • 10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061-1730 Toll-free: 800-838-3627 • Fax: 847-680-1666 • Email: Rich@ILeyeMD.org • Web: www.ILeyeMD.org

If paying by credit card, you may fax your form to: 847/680-1682

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Practice name (MUST be included)					
Office Address (street/suite)					
City/State/Zip					
Contact Person					
Office Contact Information	Phone:		Fax:		
	Email:				
REGISTRATION & FEES Early-bird (<u>received</u> before Feb. 28) = \$125 (member/non-member) – Regular (On or after Feb. 28) = \$150 ISEPS Practice member group discounts: 5-9 attending (either session) = 5% 10-19 = 10% 20+ = 20%					
Attendee's Name & Email Address (attach additional sheet if necessary) Admin Tech Registration fee					
					\$
Total registration fees If paying by check, make payable to: "ISEPS/COS Joint Conference" Tyou qualify for a group discount, deduct from the total fees for all attendees and pay the "final fee" amount Total registrations for all attendees					
Credit Card # Exp. Date / Security Code (3 or 4 digits) Name on card:					
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