



ISEPS/COS 2016 Joint Conference

Illinois Society of Eye Physicians & Surgeons ❖ Chicago Ophthalmological Society

March 11, 2016 ❖ 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 different filename and then attach to an email.

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

Practice name <i>(MUST be included)</i>	
Office Address (street/suite)	
City/State/Zip	
Contact Person	
Office Contact Information	Phone: _____ Fax: _____ Email: _____

REGISTRATION & FEES

Early-bird (received before Feb. 26) = \$125 (member/non-member) – Regular (After Feb. 26) = \$150

ISEPS Practice member group discounts: 5-9 attending (either session) = 5% 10-19 = 10% 20+ = 20%

Attendee's Name & Email Address <i>(attach additional sheet if necessary)</i>			Registration fee
	<u>Admin</u>	<u>Tech</u>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
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<p>Total registration fees <i>If paying by check, make payable to: "ISEPS/COS Joint Conference"</i></p> <p>If you qualify for a group discount, deduct from the total fees for all attendees and pay the "final fee" amount</p>	<p>Total registrations for all attendees \$ _____</p> <p>Check if taking group discount: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 20% (Amt: _____) <i>(member practices only)</i></p> <p style="text-align: right;">Final fee → \$ _____</p> <p>Payment: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex</p>
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