ISEPS/COS 2018 Joint Conference

Illinois Society of Eye Physicians & Surgeons ***** Chicago Ophthalmological Society

March 23, 2018 ❖ Stephens Convention Center, Rosemont PHYSICIAN SESSION REGISTRATION FORM

Please provide the information noted below and return with your registration fee to: ISEPS/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: Rich@ILeyeMD.org Use a separate form for <u>each</u> 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 <i>physician</i> conference — 0 applies to you. Be sure to enter the <u>number</u> of in not attending the dinner, enter "0" or leave blank. Membership Category	dividuals you are signir		
ISEPS or COS Members (or verified membe	r of other state society)		□ \$350.00
Non-member ophthalmologists	Totalier state society)	□ \$400.00	□ \$450.00
Residents or fellows in training		\$50.00	□ \$75.00
Fully retired		□ \$75.00	□ \$100.00
Presidents' Dinner (any physician attendee & Enter number attending in the space next to		\$75.00	\$100.00
* Price for the Presidents' Dinner is per person		.	•
Payment			
Total payment enclosed			\$
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