



ISEPS/COS 2019 Joint Conference

Illinois Society of Eye Physicians & Surgeons ❖ Chicago Ophthalmological Society

March 8, 2019 ❖ Stephens Convention Center, Rosemont

TECHNICIAN & ADMINISTRATOR REGISTRATION FORM

Do not write in the space below

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.IEyeMD.org

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

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

REGISTRATION & FEES

Early-bird (received by February 22) = \$125 (member/non-member) – Regular (On or after February 23) = \$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)	<u>Admin</u>	<u>Tech</u>	Registration fee
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

<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><i>Payment:</i> <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex</p>
--	--

Credit Card #	<input style="width: 100%; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>	Exp. Date	<input style="width: 20px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>
		Security Code (3 or 4 digits)	<input style="width: 20px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>
Name on card: _____			
Billing address (if different from above): _____			