

ISEPS/COS 2020 Joint Conference

Illinois Society of Eye Physicians & Surgeons ❖ Chicago Ophthalmological Society

March 6, 2020 ❖ Stephens Convention Center, Rosemont

P H Y S I C I A N S E S S I O N R E G I S T R A T I O N F O R M

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 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 – Check the box next to the registration category that applies to you. The Presidents' Dinner will require a separate registration.

Membership Category	Early Bird by 2/29	Regular (after 2/29)
ISEPS or COS Members (or verified member of other state society)	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$375.00
Non-member ophthalmologists	<input type="checkbox"/> \$495.00	<input type="checkbox"/> \$575.00
Residents or fellows in training	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$50.00
Fully retired ophthalmologists	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$75.00
Presidents' Dinner (separate registration required)		

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Payment

Total payment enclosed \$ _____

Form of payment: Check Visa MasterCard Discover American Express

Make checks payable to "ISEPS/COS Joint Conference"

Credit Card # Exp. Date /

Security Code (3 or 4 digits)

Name on card: _____

Signature _____

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

Billing address city/state/zip: _____