



# ISEPS/COS 2021 Joint Conference

Illinois Society of Eye Physicians & Surgeons ❖ Chicago Ophthalmological Society

October 22, 2021 ❖ 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**

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

### REGISTRATION & FEES

Regular registration (received by February 29) = \$125 (member/non-member) – Late registration (after February 29) = \$150

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

<b>Attendee's Name &amp; Email Address</b> ( <i>attach additional sheet if necessary</i> )			<b>Registration fee</b>
	<u>Admin</u>	<u>Tech</u>	
_____	<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><b>Total registration fees</b>  <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;"><b>Final fee → \$ _____</b></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>
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Credit Card #	<input style="width: 100%; height: 20px;" type="text"/>	Exp. Date	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
			Security Code (3 or 4 digits) <input style="width: 40px; height: 20px;" type="text"/>
Name on card:	_____		
Billing address (if different from above):	_____		