

## **ISEPS/COS 2023 Joint Conference**

Illinois Society of Eye Physicians & Surgeons & Chicago Ophthalmological Society

## March 10, 2023 ❖ Stephens Convention Center, Rosemont 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: 847-680-1682 • Email: Rich@ILeyeMD.org • Web:

City/State/Zip  Contact Person  Office Contact Information  REGISTRATION & FEES  Category Administrator/ISEPS Member Administrator/ISEPS Member Administrator/ISEPS Member S125	Practice name (MUST be included)	www.iLeyeMD.org		
Office Contact Information  Phone: Fax:  Email:  REGISTRATION & FEES Early bird (through 2/24) Regular	Office Address (street/suite)			
Office Contact Information    Phone:   Fax:     Email:	City/State/Zip			
REGISTRATION & FEES  Category	Contact Person			
REGISTRATION & FEES  Category Administrator/ISEPS Member Administrator/Non-member \$125 \$125 \$150 \$250 \$275 \$400   Attendee's Name & Email Address (attach additional sheet if necessary)  Registration fee  fi paying by check, make payable to: "ISEPS/COS Joint Conference"  Total registrations for all attendees  Payment:   Check   Visa   MasterCard   Discover   Amex    Amex   Amex   Security Code (3 or 4 digits)   Code (3 or 4 digits)	Office Contact Information	Phone: Fax:		
Category Administrator/ISEPS Member Administrator/Non-member \$125 \$150 \$250 \$275 \$400   Attendee's Name & Email Address (attach additional sheet if necessary)  Attendee's Name & Email Address (attach additional sheet if necessary)  Frotal registration fees If paying by check, make payable to: "ISEPS/COS Joint Conference"  Payment:   Check   Visa   MasterCard   Discover   Amex    Amex   Amex   Attendee's Name & Email Address (attach additional sheet if necessary)    Attendee's Name & Email Address (attach additional sheet if necessary)		Email:		
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	Credit Card #		Exp. Date /	
	Security Code (3 or 4 digits)			
Name on card:				
Billing address (if different from above):				