# ISEPS/COS 2024 Joint Conference

Illinois Society of Eye Physicians & Surgeons ❖ Chicago Ophthalmological Society

## March 8, 2024 ❖ Stephens Convention Center, Rosemont

## OPHTHALMIC TECHNICIAN REGISTRATION FORM

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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:* www.ILeyeMD.org

| | |
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| **Practice name** | |
| **Office Address** (street/suite) | |
| **City/State/Zip** | |
| **Contact Person** | |
| **Office Contact Information** | ***Phone:*** ***Fax:*** <br> ***Email:*** |

### REGISTRATION & FEES

| Category | Early bird (through 2/26) | Regular | Late (from 3/4) |
|---|---|---|---|
| Technicians employed by ISEPS Member | $125 | $150 | $250 |
| Technicians employed by Non-member | $250 | $275 | $400 |

*Register 5 or more technicians & receive a 10% rebate (to be paid after the conference)*

| **Attendee's Name & Email Address** *(attach additional sheet if necessary)* | **Registration fee** |
|---|---|
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| _____ | _____ |
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|---|---|
| **Total registration fees** <br> *If paying by check, make payable to:* <br> *"ISEPS/COS Joint Conference"* | Total registrations for all attendees . . . . . $ _____ <br> *Payment:* ☐ Check ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex |

Credit Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date ☐☐ / ☐☐

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