



ISEPS/COS 2025 Joint Conference

Illinois Society of Eye Physicians & Surgeons ❖ Chicago Ophthalmological Society

March 7, 2025 ❖ 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: www.ILeyeMD.org

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

REGISTRATION & FEES			
<u>Category</u>	<u>Early bird</u> (through 2/24)	<u>Regular</u>	<u>Late</u> (from 3/3)
Administrator/ISEPS Member	\$125	\$150	\$250
Administrator/Non-member	\$250	\$275	\$400

Attendee's Name & Email Address (<i>attach additional sheet if necessary</i>)	Registration fee
_____	\$ _____
_____	_____
_____	_____
_____	_____

Total registration fees <i>If paying by check, make payable to: "ISEPS/COS Joint Conference"</i>	Total registrations for all attendees \$ _____ Payment: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex
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Credit Card #	<input type="text"/>	Exp. Date	<input type="text"/> / <input type="text"/>	Security Code (3 or 4 digits)	<input type="text"/>
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