



# ISEPS/COS 2026 Joint Conference

## Illinois Society of Eye Physicians & Surgeons ♦ Chicago Ophthalmological Society

March 13, 2026 ♦ 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 • 288 Hawthorn Village Commons, #123, Vernon Hills, IL 60061-1519*  
*Toll-free: 800-838-3627 Fax: 847-680-1682 • Email: Rich@ILeyeMD.org • Web: www.ILeyeMD.org*

<b>Practice name</b> ( <i>MUST be included</i> )			
<b>Office Address</b> (street/suite)			
<b>City/State/Zip</b>			
<b>Contact Person</b>			
<b>Office Contact Information</b>	<b>Phone:</b>	<b>Fax:</b>	
	<b>Email:</b>		
<b>R E G I S T R A T I O N &amp; F E E S</b>			
<b>Category</b>	<u>Early bird (through 2/20)</u>	<u>Regular</u>	<u>Late (from 3/9)</u>
Administrator/ISEPS Member	\$125	\$150	\$250
Administrator/Non-member	\$250	\$275	\$400
<b>Attendee's Name &amp; Email Address</b> ( <i>attach additional sheet if necessary</i> )			<b>Registration fee</b>
<hr/> <hr/> <hr/> <hr/> <hr/>			\$ <hr/> <hr/> <hr/> <hr/>
<b>Total registration fees</b> <i>If paying by check, make payable to: "ISEPS/COS Joint Conference"</i>	Total registrations for all attendees ..... \$ _____		
<i>Payment:</i> <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex			
Credit Card # <input type="text"/>		Exp. Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Security Code (3 or 4 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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