

# ISEPS/COS 2026 Joint Conference

Illinois Society of Eye Physicians & Surgeons ♦ Chicago Ophthalmological Society

**March 13, 2026 ♦ Stephens Convention Center, Rosemont**

## PHYSICIAN SESSION REGISTRATION FORM

Please provide the information noted below and return with your registration fee to:

ISEPS/COS administrative office, 288 Hawthorn Village Commons., #123, Vernon Hills, IL 60061

If paying by credit card you may fax your form to: 847/680-1682; or email to: Rich@IleyeMD.org

Use a separate form for each person registering. You will receive a confirmation by return mail.

*Register online at:* <https://www.ileyemd.org/annual-meeting-2026-physicians>

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Registration fees for physician conference** – Check the box next to the registration category that applies to you.

Membership Category	Early Bird by 2/20	Regular	Late/On-site (after 3/9)
ISEPS or COS Members (or verified member of other state society)	<input type="checkbox"/> \$295	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450
Non-member ophthalmologists	<input type="checkbox"/> \$375	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575
Residents or fellows in training	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
Fully retired ophthalmologists	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$150

### Payment

Total payment enclosed ..... \$ \_\_\_\_\_

Form of payment:  Check  Visa  MasterCard  Discover  American Express

*Make checks payable to "ISEPS/COS Joint Conference"*

Credit Card #   Exp.  /

Security Code (3 or 4 digits)

Name on card: \_\_\_\_\_

Signature \_\_\_\_\_

Credit card billing address (if different from above): \_\_\_\_\_

Billing address city/state/zip: \_\_\_\_\_