

Illinois Society of Eye Physicians & Surgeons ❖ Chicago Ophthalmological Society
March 13, 2026 ❖ Stephens Convention Center, Rosemont
PHYSICIAN SESSION REGISTRATION FORM

Name _____

Mailing address _____

City _____ State _____ Zip _____

Office phone _____ Fax _____

E-mail address: _____

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

Total payment enclosed \$

Credit Card #																Exp. Date			/		
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Security Code (3 or 4 digits)				
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Name on card: _____

Signature _____

Credit card billing address (if different from above): _____

Billing address city/state/zip: _____