



ISEPS/COS 2026 Joint Conference

Illinois Society of Eye Physicians & Surgeons ♦ Chicago Ophthalmological Society

March 13, 2026 ♦ Stephens Convention Center, Rosemont

OPHTHALMIC TECHNICIAN 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

Practice name			
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 2/20)	<u>Regular</u>	<u>Late</u> (from 3/9)
Technicians employed by ISEPS Member	\$125	\$150	\$250
Technicians employed by Non-member	\$250	\$275	\$400
<i>Register 5 or more technicians & receive a 10% rebate (to be paid after the conference)</i>			
<u>Attendee's Name & Email Address</u> (attach additional sheet if necessary)		<u>Registration fee</u>	
_____		\$ _____	
_____		_____	
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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	
Credit Card #	_____		Exp. Date _____ / _____
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