



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 VillageCommons, #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

Category	Early bird (through 2/20)	Regular	Late (from 3/9)
Technicians employed by ISEPS Member	\$125	\$150	\$250
Technicians employed by Non-member	\$250	\$275	\$400

Register 5 or more technicians & receive a 10% rebate (to be paid after the conference)

Attendee's Name & Email Address (attach additional sheet if necessary)	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

Credit Card #	_____	Exp. Date	_____ / _____
Security Code (3 or 4 digits) _____			
Name on card: _____			
Billing address (if different from above): _____			