## **ISEPS/COS 2014 Joint Conference**

Illinois Society of Eye Physicians & Surgeons Chicago Ophthalmological Society

## March 7, 2014 ❖ Stephens Convention Center, Rosemont PHYSICIAN SESSION REGISTRATION FORM

You can complete this form on your computer and then print it out. Also, you can save the file to your computer with a different filename and then attach to an email. If sending by email, address to: RichardPaul@DLS.net

Name .

Please provide the information noted below and return with your registration fee to: ISEPS/COS administrative office, 10 W. Phillip Road., Suite 120, Vernon Hills, IL 60061

If paying by credit card you may fax your form to: 847/680-1682; or email to: RichardPaul@DLS.net Use a separate form for each person registering. You will receive a confirmation by return mail.

## Pre-registration is required for this conference.

City	State	Zip	
Office phone	Fax		
E-mail address:			
Registration fees for physician confe	erence		
Membership	Category	Early Bird before 3/1/14	Regular (after Feb 28
ISEPS or COS Members (or verified	ed member of other state society)	\$275.00	\$350.00
Non-member ophthalmologists		\$400.00	\$450.00
Residents or fellows in training		\$50.00	\$100.00
Fully retired			
Payment  ☐ Member ☐ Non-member ☐ F	Resident/Fellow 🖵 Fully retired	\$75.00	
Payment  Member Non-member Form of payment: Check	•	cover □ America	\$
Payment  Member Non-member Form of payment: Check	U Visa U MasterCard U Dis	cover □ America	\$
Payment  Member Non-member Form of payment: Check  Make check	U Visa U MasterCard U Dis	cover	\$
Payment  Member Non-member Form of payment: Check  Make check	□ Visa □ MasterCard □ Dis ks payable to "ISEPS/COS Joint C	cover	
Payment  Member Non-member F  Total payment enclosed  Form of payment: Check  Make chec	□ Visa □ MasterCard □ Dis ks payable to "ISEPS/COS Joint C	cover	\$