



ISEPS Medicare Coding Seminar - 2018 REGISTRATION FORM

Please complete the registration form below and return together with your registration fee to:
 Illinois Society of Eye Physicians & Surgeons • 10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061-1730
 Toll-free: 800-838-3627 • Fax: 847-680-1682 • Email: Rich@ILeyeMD.org
 If paying by credit card, you may fax your form to: 847/680-1682

Do not write in this space

You may complete this form on your computer and then print it out.

Practice name (MUST be included)	
Office Address	
City/State/Zip	
Office Contact Name (first/last)	
Office Contact Information (Email required for webcast registrations)	Phone: _____ Fax: _____ Email: _____
ISEPS member status	<input type="checkbox"/> Practice member <input type="checkbox"/> Individual member <input type="checkbox"/> Resident/Fellow <input type="checkbox"/> Non-member

REGISTRATION & FEES

If you need more space, copy this form and attach. Individual fees may be combined into one check.

SESSIONS -- 1= Naperville 2= Rosemont 3= Webcast (one computer only per registration)

<u>Attendee's Name or Webcast user's email</u>	<u>Session (check one)</u> <small>Pick session from list above</small>	<u>Registration fee</u>
_____	1 2 3	\$ _____
_____	1 2 3	_____
_____	1 2 3	_____
_____	1 2 3	_____

Total registration fees If paying by check, make payable to: "Illinois Society of Eye Physicians & Surgeons"	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
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Credit Card #	Exp. Date /	Security Code (3 or 4 digits)
Name on card: _____		
Billing address (if different from above): _____		