

ISEPS Medicare Coding Seminar - 2020 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		□ Practice member □ Individual member □ Resident/Fellow □ 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)							
Attendee's Name or Webcast user's email		Session (check one) Pick session from list above				Registration fee	
		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						
"Illinois Society of Eye Physicians & Surgeons" Pa	ayment:	ment: ☐ Check ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex					
Credit Card # Exp. Date /							
			Security Co	de (3 or 4	digits)		
Name on card:							
Billing address (if different from above):							