ISEPS Spring 2022 Coding Webinar REGISTRATION FORM

Please complete the registration form below and return with your registration fee to:

Illinois Society of Eye Physicians & Surgeons - Administrative Office

10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061-1730

Fax: 847-680-1682

You may register online at: https://www.ILeyeMD.org/coding-seminar-2022

| Sponsoring Doctor's name | | | | | |
|---|----------------|----------|---------------|-----------|------------|
| Practice Name | | | | | |
| Office Address | | | | | |
| City/State/Zip | | | | | |
| Office contact phone | | | | | |
| Email | | | | | |
| ISEPS member status → | | □ Member | □ Non-member | □ Resider | nt/Fellow |
| REGISTRATION & FEES Use a separate line for each log-in you require and enter the corresponding fee. Use additional sheets if needed. Member fee (per log-in) \$129 Non-member fee \$295 Residents/Fellows in training - No charge Recording access same prices as above Check the box below if ordering a recording only. | | | | | |
| Attendee's Name (first/last/degree) | Recording only | | Email Address | | <u>Fee</u> |
| Payment Total Fees Enclosed \$ | | | | | |
| Credit Card # Exp. Date / Security Code (3 or 4 digits) | | | | | |
| Signature: | | | | | _ |
| Name on card: | | | | | |
| Address on card (if different from above: | | | | | |