

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

Illinois Society of Eye Physicians & Surgeons **\*** Chicago Ophthalmological Society

March 7, 2014 \* Stephens Convention Center, Rosemont TECHNICIAN & ADMINISTRATOR REGISTRATION FORM

Do not write in the space below

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

Please complete the registration form below and return with your registration fee to: ISEPS/COS Joint Conference • 10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061-1730 Toll-free: 800-838-3627 • Fax: 847-680-1666 • Email: RichardPaul@DLS.net • Web: www.ILeyeMD.org

## If paying by credit card, you may fax your form to: 847/680-1682

Practice name (MUST be included)				
Office Address (street/suite)				
City/State/Zip				
Contact Person				
Office Contact Information	Phone:	Fax:		
	Email:			
<b>REGISTRATION &amp; FEES</b> Early-bird ( <u>received</u> before March 1) = \$125 (member/non-member) – Regular (On or after March 1) = \$150 <b>Practice member</b> group discounts: 5-9 attending (either session) = 5% 10-19 = 10% 20+ = 20%				
Attendee's Name & Email Address       (attach additional sheet if necessary)       Registration fee         Admin       Tech				
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Total registration fees If paying by check, make payable to: "ISEPS/COS Joint Conference" If you qualify for a group discount, deduct from the total fees for all attendees and pay the "final fee" amount	Total registrations for all attended         Check if taking group discount:         (member practices only)         Payment:       Check	5% 🗆 10%	□ 20% •/ fee →	\$ ) (Amt: ) \$ ] Discover
Credit Card # Exp. Date / Exp. Date / Name on card:				
Billing address (if different from above):				