

ISEPS/COS 2017 Joint Conference

Illinois Society of Eye Physicians & Surgeons ❖ Chicago Ophthalmological Society

April 7, 2017 ❖ Stephens Convention Center, Rosemont

PHYSICIAN SESSION REGISTRATION FORM

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: Rich@ILeyeMD.org
Use a separate form for each person registering. You will receive a confirmation by return mail.

Pre-registration is required for this conference.

Name _____

Mailing address _____

City _____ State _____ Zip _____

Office phone _____ Fax _____

E-mail address: _____

Registration fees for *physician* conference – Check the box next to the registration category that applies to you. Be sure to enter the number of individuals you are signing up for the Presidents' Dinner. If not attending the dinner, enter "0" or leave blank.

Membership Category	Early Bird before 3/25/17	Regular (after 3/24/17)
ISEPS or COS Members (or verified member of other state society)	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$350.00
Non-member ophthalmologists	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$450.00
Residents or fellows in training	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00
Fully retired	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$100.00
Presidents' Dinner (any physician attendee & up to one guest) * <i>Enter number attending in the space next to the fee amount</i> →	___ \$75.00	___ \$100.00

* Price for the Presidents' Dinner is *per person*

Payment

Total payment enclosed \$_____

Form of payment: Check Visa MasterCard Discover American Express

Make checks payable to "ISEPS/COS Joint Conference"

Credit Card # Exp. Date /

Security Code (3 or 4 digits)

Name on card: _____

Signature _____

Credit card billing address (if different from above): _____

Billing address city/state/zip: _____