

# ISEPS/COS 2019 Joint Conference

Illinois Society of Eye Physicians & Surgeons ❖ Chicago Ophthalmological Society

**March 8, 2019 ❖ Stephens Convention Center, Rosemont**

## P H Y S I C I A N   S E S S I O N   R E G I S T R A T I O N   F O R M

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. If you are a speaker/panelist on one of the three programs, you may attend the dinner for free, but your guest is charged the dinner fee.

Membership Category	Early Bird by 3/1/19	Regular (after March 1st)
ISEPS or COS Members (or verified member of other state society)	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$375.00
Non-member ophthalmologists	<input type="checkbox"/> \$495.00	<input type="checkbox"/> \$575.00
Residents or fellows in training	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$50.00
Fully retired ophthalmologists	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$75.00
Presidents' Dinner (any physician attendee & up to one guest) * <i>Enter number attending in the space next to the fee amount →</i>	<input type="checkbox"/> \$75.00 <input type="checkbox"/> Speaker?	<input type="checkbox"/> \$100.00 <input type="checkbox"/> Speaker?

\* Price for the Presidents' Dinner is *per person*. Speakers on the program may attend the dinner for free, but guests pay.

### Payment

Total payment enclosed ..... \$ \_\_\_\_\_

Form of payment:     Check     Visa     MasterCard     Discover     American Express  
*Make checks payable to "ISEPS/COS Joint Conference"*

Credit Card # 

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 Exp. Date 

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 Security Code (3 or 4 digits) 

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Name on card: \_\_\_\_\_

Signature \_\_\_\_\_

Credit card billing address (if different from above): \_\_\_\_\_

Billing address city/state/zip: \_\_\_\_\_