



ISEPS/COS 2020 Joint Conference

Illinois Society of Eye Physicians & Surgeons ❖ Chicago Ophthalmological Society

March 6, 2020 ❖ Stephens Convention Center, Rosemont

TECHNICIAN & ADMINISTRATOR REGISTRATION FORM

Do not write in the space below

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: Rich@ILeyeMD.org • 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: _____

REGISTRATION & FEES

Regular registration (received by February 29) = \$125 (member/non-member) – Late registration (after February 29) = \$150

ISEPS Practice member group discounts: 5-9 attending (either session) = 5% 10-19 = 10% 20+ = 20%

Attendee's Name & Email Address (<i>attach additional sheet if necessary</i>)			Registration fee
	<u>Admin</u>	<u>Tech</u>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Total registration fees <i>If paying by check, make payable to:</i> <i>"ISEPS/COS Joint Conference"</i> 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 attendees \$ _____ Check if taking group discount: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 20% (Amt: _____) <i>(member practices only)</i>
	Final fee → \$ _____ <i>Payment:</i> <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex

Credit Card #	<input type="text"/>	Exp. Date	<input type="text"/>	/	<input type="text"/>
		Security Code (3 or 4 digits)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name on card:	_____				
Billing address (if different from above):	_____				