ISEPS/COS 2025 Joint Conference

Illinois Society of Eye Physicians & Surgeons & Chicago Ophthalmological Society

March 7, 2025 ❖ 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@lLeyeMD.org Use a separate form for each person registering. You will receive a confirmation by return mail. *Register online at:* https://www.ileyemd.org/annual-meeting-2025-physicians

Name _

City State	State		Zip			
Office phoneFax _						
E-mail address:						
Registration fees for physician conference – Check the b	ox nex	ct to the re	egistra	tion cate	gory th	at
applies to you.	ī		1		1	
Membership Category	Early Bird by 2/24		Regular		Late/On-site (after 3/3)	
ISEPS or COS Members (or verified member of other state society)		\$295	۵	\$350		\$450
Non-member ophthalmologists	۵	\$375	۵	\$475	۵	\$575
Residents or fellows in training		\$50		\$50		\$10
Fully retired ophthalmologists		\$75		\$75		\$15
Payment Total payment enclosed Form of payment: □ Check □ Visa □ MasterC Make checks payable to "ISEPS	ard	☐ Discov	er 🗔	☐ America		
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