



# ISEPS/COS 2025 Joint Conference

Illinois Society of Eye Physicians & Surgeons ❖ Chicago Ophthalmological Society

March 7, 2025 ❖ Stephens Convention Center, Rosemont

## OPHTHALMIC TECHNICIAN 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: 847-680-1682 • Email: Rich@ILeyeMD.org • Web: www.ILeyeMD.org

<b>Practice name</b>	
<b>Office Address</b> (street/suite)	
<b>City/State/Zip</b>	
<b>Contact Person</b>	
<b>Office Contact Information</b>	<b>Phone:</b> _____ <b>Fax:</b> _____ <b>Email:</b> _____

### REGISTRATION & FEES

Category	Early bird (through 2/24)	Regular	Late (from 3/3)
Technicians employed by ISEPS Member	\$125	\$150	\$250
Technicians employed by Non-member	\$250	\$275	\$400

*Register 5 or more technicians & receive a 10% rebate (to be paid after the conference)*

<u>Attendee's Name &amp; Email Address</u> (attach additional sheet if necessary)	<u>Registration fee</u>
_____	\$ _____
_____	_____
_____	_____
_____	_____

<b>Total registration fees</b> <i>If paying by check, make payable to:          "ISEPS/COS Joint Conference"</i>	Total registrations for all attendees ..... \$ _____ Payment: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex
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Credit Card #	<input style="width: 100%; height: 20px;" type="text"/>	Exp. Date	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
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