

ISEPS/COS 2014 Joint Conference

Illinois Society of Eye Physicians & Surgeons � Chicago Ophthalmological Society

March 7, 2014 **Stephens Convention Center, Rosemont** TECHNICIAN & ADMINISTRATOR REGISTRATION FORM

Do not write in the space below

You can complete this form on your computer and then print it out. Or, you can save the file to your computer with a different filename and then attach to an email. If sending by email, address to: RichardPaul@DLS.net

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: RichardPaul@DLS.net • Web: www.lLeyeMD.org

t paying by credit card, you may	riax your form to: 647	7/060-1062	
Practice name (MUST be included)			
Office Address (street/suite)			
City/State/Zip			
Contact Person			
Office Contact Information	Phone:	Fax:	
	Email:		
REGISTRATION & FEES Early-bird (received before March 1) = \$125 (member/non-member) – Regular (On or after March 1) = \$150 Practice member group discounts: 5-9 attending (either session) = 5% 10-19 = 10% 20+ = 20%			
Attendee's Name & Email Add	Iress (attach additional sheet	t if necessary) Admin Tech	Registration fee
-			\$
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Total registration fees If paying by check, make payable to: "ISEPS/COS Joint Conference" 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 atterment of the count of th		(Amt:)
Credit Card # Exp. Date / Security Code (3 or 4 digits)			
Name on card:			
Billing address (if different from above):			