## COS Monthly Meetings -- 2016/2017

Chicago Ophthalmological Society 10 W. Phillip Rd., Suite 120 **\*** Vernon Hills, IL 60061-1730 *Phone:* (847) 680-1666 **\*** *Fax:* (847) 680-1682 **\*** *Email:* Rich@RichardPaulAssociates.com

## **R**EGISTRATION FORM

Meeting Attending – Use one form per meeting for each person

Do not write in the space below

□ September 2016 □ February 2017

December 2016

🗅 May 2017

Please provide the information requested below and return to the COS administrative office. Your registration in advance will help us to accurately plan for the meeting so we have the correct number of dinners ordered. If you are <u>not</u> a member of COS (or if you are bringing a guest), the fee is \$75. There is no fee for residents and fellows in training. All guests must pre-register. Make your check payable to the "Chicago Ophthalmological Society" and enclose with your registration, or enter your Visa/MasterCard/Discover number in the space provided below.

Member in good standing \$ - Pending applicants \$ - Member - dues not paid Pay du Non-member/guest \$	0- es 75
Resident or Fellow \$ -	

Help save postage! FAX YOUR REGISTRATION FORM TO 847/680-1682 - OR EMAIL: Rich@RichardPaulAssociates.com

Attendee's name:	
Member's Name _	
Mailing address	
City	State Zip
Office phone	Fax
E-mail address:	
Form of payment:	Closed \$     Check Visa   MasterCard Amex   Discover   Make check payable to:   "Chicago Ophthalmological Society"   Date   Date   Visa   Security Code (3 or 4 digits)
Name on card:	
Signature	
Credit card billing address (if	different from above):
Billing address city/state/zip:	