COS Monthly Meetings -- 2010/2011

Chicago Ophthalmological Society
10 W. Phillip Rd., Suite 120 ❖ Vernon Hills, IL 60061-1730
Phone: (847) 680-1666 ❖ *Fax:* (847) 680-1682

Print

REGISTRATION FORM

Do not write in the space below

Meeting Attending – *Use one form per meeting for each person*

☐ September ☐ March

☐ October ☐ April

☐ November ☐ May

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

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 not 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.

Help save postage! FAX YOUR REGISTRATION FORM TO 847/680-1682 - OR EMAIL: RichardPaul@DLS.net

Attendee's name: _____

Member's Name _____

Mailing address _____

City _____ State _____ Zip _____

Office phone _____ Fax _____

E-mail address: _____

Total payment enclosed . . . . . $_____

Form of payment: ☐ Check ☐ Visa ☐ MasterCard ☐ Discover

Make check payable to: "Chicago Ophthalmological Society"

Credit Card # | | | | | | | | | | | | | | | | | | | | Exp. Date | | | / | | |

Security Code (on back of card) | | | |

Name on card: _____

Signature _____

Credit card billing address (if different from above): _____

Billing address city/state/zip: _____