

COS Monthly Meetings -- 2018/2019

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

REGISTRATION FORM

Do not write in the space below

Meeting Attending – Use one form per meeting for each person

- September 2018 February 2019
 December 2018 May 2019

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/Amex number in the space provided below.

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

*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: _____

Total payment enclosed \$ _____

Form of payment: Check Visa MasterCard Discover American Express

Make check payable to: "Chicago Ophthalmological Society"

Credit Card # _____ Exp. Date _____ / _____

Security Code (3 or 4 digit code) _____

Name on card: _____

Signature _____

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

Billing address city/state/zip: _____