

# COS Monthly Meetings -- 2019/2020

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 2019                       February 2020  
 December 2019                       May 2020

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: \_\_\_\_\_