COS Monthly Meetings -- 2015/2016

2015
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Chicago Ophthalmological Society
10 W. Phillip Rd., Suite 120 ❖ Vernon Hills, IL 60061-1730
Phone: (847) 680-1666 ❖ *Fax:* (847) 680-1682 ❖ *Web:* www.ChicagoEyeNet.org

REGISTRATION FORM

Monday, December 7, 2015 -- Joint Meeting with the Rabb Retina Study Group

Do not write in the space below

Please review the pre-printed information 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. For this meeting only, there is no charge for Rabb Retina Study Group members or retina subspecialists. 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 or Discover number in the space provided below. Members in good standing may register online -- visit the COS website at: www.ChicagoEyeNet.org

Help save postage! FAX YOUR REGISTRATION FORM TO 847/680-1682 - or register online: www.ChicagoEyeNet.org

Attendee's name: _____

Member's Name _____

Mailing address _____

City _____ State _____ Zip _____

Office phone _____ Fax _____

E-mail address: _____

Total payment enclosed . . . . . $_____

Form of payment (if any): ❏ Check ❏ Visa ❏ MasterCard ❏ Discover

Make check payable to: "Chicago Ophthalmological Society"

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

Security Code (on back of card) | | |

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Signature _____

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