COS Monthly Meetings -- 2017/2018

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

Meeting Attending – Use one form per meeting for each person

Do not write in the space below

□ September 2017 □ February 2018

December 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/Amex number in the space provided below.

□ May 2018

| Member in good standing \$ -0 | _ |
|--------------------------------|---|
| Pending applicants\$ -0 | - |
| Member - dues not paid Pay due | s |
| Non-member/guest | 5 |
| 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: | |
| Form of payment: | Closed Visa MasterCard Discover American Express Make check payable to: "Chicago Ophthalmological Society" 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:_ | |