## 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 DECEMBER 4, 2017

Do not write in the space below

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 <a href="not">not</a> a member of COS (or if you are bringing a guest), the fee is \$75. There is no fee for Rabb members \*, 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 \$ - Pending applicants \$ - Member - dues not paid Pay due Non-member/guest \$ 7 Resident or Fellow \$ -	)- es '5
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Rabb members (December only) \$ -0	)-

## Help save postage! <u>FAX</u> YOUR REGISTRATION FORM TO 847/680-1682 - OR EMAIL: Rich@RichardPaulAssociates.com

Attendee's name:
Member's Name
Mailing address
City State Zip
Office phoneFax
E-mail address:
Are you a Rabb member? □ Yes □ No
Total payment enclosed\$
Form of payment:  Check Visa MasterCard Discover American Express  Make check payable to: "Chicago Ophthalmological Society"  Credit Card #
Security Code (3 or 4 digit code)
Name on card:
Signature
Credit card billing address (if different from above):
Billing address city/state/zip:

<sup>\*</sup>December meeting ONLY