2010 KANSAS EYECON – KU & KSEPS Joint Conference

May 7 & 8, 2010 ❖ The InterContinental Hotel — Kansas City

Sponsored by the University of Kansas Department of Ophthalmology and the Kansas Society of Eye Physicians & Surgeons

Physician Registration Form

Print

Complete this form by entering the attendee's name and other information in the space below, and then print out. Use a separate form for each person registering; you may combine payments for multiple attendees in one credit card or check Return with your fee to the KSEPS administrative office at: 10 W. Phillip Road., Suite 120, Vernon Hills, IL 60061 (a postage-paid envelope is enclosed). If paying by credit card you may fax your form to: 847/680-1682. You will receive a confirmation by return mail.

Your pre-registration for this conference is greatly appreciated.

Attendee's Name _____

Physician's name _____

Mailing address _____

City _____ State _____ Zip _____

Office phone _____ Fax _____

E-mail address: _____

Registration Fees	Friday only	Saturday only	Entire Meeting
KSEPS members	$75.00	$75.00	$125.00
Non-members	$150.00	$150.00	$250.00

Member status ☐ Member ☐ Non-member ☐ KU Faculty ☐ Resident/Fellow

Sessions ☐ Entire conference ☐ Friday afternoon only ☐ Saturday morning only

Payment enclosed . . . . . $_____

Form of payment: ☐ Check ☐ Visa ☐ MasterCard ☐ Discover

Make checks payable to "Kansas Society of Eye Physicians & Surgeons"

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

Security Code (on back of card) | | | |

Name on card: _____

Signature _____

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