

# KSEPS Spring 2018 Coding Webinar REGISTRATION FORM

Please complete the registration form below and return with your registration fee to:

*Kansas Society of Eye Physicians & Surgeons - Administrative Office  
10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061-1730  
Fax: 847-680-1682*

You may register online at: [www.kansaseyemd.org/coding-webinar-2018](http://www.kansaseyemd.org/coding-webinar-2018)

<b>Sponsoring Doctor's name</b>	
<b>Office Address</b>	
<b>City/State/Zip</b>	
<b>Office contact information</b>	
<b>KSEPS member status →</b>	

## REGISTRATION & FEES

Use a separate line for each log-in you require and enter the corresponding fee. Use additional sheets if needed.  
For the recording only, enter the number of DVDs you are requesting and multiply by the appropriate fee.  
***Refer to the fee schedule in the brochure for proper registration amounts.***

### Live Webinar Registration

Contact Person's Name  _____  _____  _____	Email Address (required)  _____  _____  _____		
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**Recording only** - Enter the number of DVDs you are requesting: \_\_\_\_\_

### Payment

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