

# KSEPS Spring 2014 Coding Seminars REGISTRATION FORM

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

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

Space is limited, so be sure to respond promptly!

Do not write in space below

***If paying by credit card, you may fax your form to: 847/680-1682***

|                                   |  |
|-----------------------------------|--|
| <b>Sponsoring Doctor's name</b>   |  |
| <b>Office Address</b>             |  |
| <b>City/State/Zip</b>             |  |
| <b>Office contact information</b> | <i>Phone:</i> _____ <i>Fax:</i> _____<br><i>Email:</i> _____ |
| <b>KSEPS member status</b>        |  |

### REGISTRATION & FEES

If you need more space, copy this form and attach. Individual fees may be combined into one check.

| <u>Attendee's Name</u> (please print!) | <u>Attendee's Email</u> | <u>Registration fee</u> |
|--|-------------------------|-------------------------|
| _____                                  | _____                   | _____                   |
| _____                                  | _____                   | _____                   |
| _____                                  | _____                   | _____                   |
| _____                                  | _____                   | _____                   |

|  |                               |
|--|-------------------------------|
| <b>Payment</b><br><i>Make your check payable to the<br/>"Kansas Society of Eye Physicians &amp; Surgeons"</i>  | Total Enclosed . . . \$ _____ |
| <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express |                               |
| Credit Card #  | Exp. Date       /             |
| Security Code (3 or 4 digits)  |                               |
| Name on card: _____  |                               |
| Address on card (if different from above: _____  |                               |

# Kansas Society of Eye Physicians & Surgeons Spring 2014 Coding Seminar

We are pleased to offer our full-day coding seminar. Please enter the name of each individual attending in the space provided on the registration form. Each registrant will receive a confirmation letter with meeting details. Read it carefully and notify us of any errors. **Questions?** Contact KSEPS at: 800-838-3627 or by Email: RichardPaul@DLS.net.

## REFUND POLICY

Registrants who cancel before 5 p.m. on March 25, will be entitled to a refund *less* a \$25 processing fee. Substitutions from the same office *are permitted* if your original participant is unable to attend. (If you are planning to send a substitute, please let us know in advance if at all possible) Sorry, we are unable to offer refunds for cancellations after March 25 or for "no-shows" regardless of the reason. Those individuals will receive all of the handout materials.

## DATE AND LOCATION

**Friday, March 28, 2014**

*Check-in onsite is at 8:30 a.m. – Seminar runs from 9:00 a.m. to 3:00 p.m.  
Continental breakfast and lunch are provided*

Capitol Plaza Hotel  
1717 SW Topeka Boulevard, Topeka, Kansas 66612

## FEE SCHEDULE

*KSEPS members and their non-physician staff receive a substantial discount in the registration fees.*

### KSEPS Members and office staff employed by a member

|  |           |
|--|-----------|
| 1 <sup>st</sup> person from an office (in-person attendance) .....                     | \$250 ea. |
| 2 <sup>nd</sup> through 5 <sup>th</sup> person from <u>same</u> office attending ..... | \$215 ea. |

*Call for special rates for six or more attendees.*

### Non-member physicians or staff employed by a non-member

|   |           |
|---|-----------|
| All attendees - doctor or non-physician staff ..... | \$500 ea. |
|---|-----------|

### Residents and fellows in an accredited training program

|   |           |
|---|-----------|
| All attendees/residents or fellow ..... | \$110 ea. |
|---|-----------|

*Each registrant will receive a confirmation letter with meeting details, including a map to the meeting location. Read your confirmation letter carefully!*