

KSEPS 2014 -- Are You Ready for ICD-10?

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

Sponsoring Doctor's name		
Office Address		
City/State/Zip		
Office contact information	<i>Phone:</i>	<i>Fax:</i>
	<i>Email:</i>	
KSEPS member status	<input type="checkbox"/> Member <input type="checkbox"/> Non-member <input type="checkbox"/> Resident/Fellow	

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>

Payment	Total Enclosed . . . \$ _____
Make your check payable to the "Kansas Society of Eye Physicians & Surgeons" <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	
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Security Code (3 or 4 digits)		<div style="display: flex; gap: 2px;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>

Name on card: _____
 Address on card (if different from above): _____

Kansas Society of Eye Physicians & Surgeons ICD-10 Workshop

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.

REGISTRATION FEE SCHEDULE

Your registration fee includes lunch, meeting handouts and an ICD-10 code book

KSEPS Members and office staff

Basic fee	\$425 ea.
2 - 5 attendees from the same practice	5% discount
6 - 10 attendees from the same practice	10% discount
11+ attendees from the same practice	15% discount

Non-member ophthalmologists or non-physician staff

All attendees (no discounts)	\$800 ea.
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Residents and Fellows enrolled in an accredited training program

Residents/fellows	\$200 ea.
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Your registration includes continental breakfast, lunch, handout materials and an ICD-10 code book.

REFUND & CANCELLATION POLICY

Registrants who cancel at least **seven days** before the date of the workshop will be entitled to a refund *less* a \$50 processing fee. We are unable to offer refunds for cancellations received less than seven days in advance or for "no-shows." You may substitute another person in the event the registrant has a last-minute change of plans. Registrants who are a "no-show" will be given all of the handout materials, including the ICD-10 code book.

DATE AND LOCATION

Wednesday, September 17, 2014

Check-in onsite is at 8:00 a.m. – Seminar runs from 8:30 a.m. to 3:30 p.m.

Continental breakfast and lunch are provided

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

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