



Connecticut Society of Eye Physicians

Annual Education Program

Friday, January 11, 2019

The Aqua Turf Club

556 Mulberry Street, Plantsville, CT

CSEP Administrators' Program Registration Form

Fax to 860-567-3591 or Email debbieosborn36@yahoo.com

Name _____

Address _____

City _____ State: _____ Zip: _____

Telephone _____

Email Address _____

NAME OF PHYSICIAN MEMBER WHERE EMPLOYED (not practice name):

FEES

\$119.00 - Affiliated

(Employed by a physician who is a CSEP member, State Society or AAO)

EARLY BIRD \$109.00 if payment received by 1/1/19

After January 1, 2019 \$129

At the door/day of event \$139.00

\$319.00 - Non-Affiliated

(Employed by a physician who is NOT a CSEP member, State Society or AAO)

EARLY BIRD \$279.00 if payment received by 1/1/19

After January 1, 2019 \$329

At the door/day of event \$339.00

Please mail this form with your payment to: CSEP, P.O. Box 854, Litchfield, CT 06759

FAX: 860-567-3591 with enclosed credit card form

You can scan this form for **each attendee** and email with credit card information to debbieosborn36@yahoo.com

(Please fill out a separate form for each registrant)

for CSEP office use only)

Check # _____ Received: _____ Amount: \$ _____

EARLY BIRD RESERVATION DEADLINE IS JANUARY 1, 2019

Please Note: Space is limited to the first 100 registrants

CSEP, 26 Sally Burr Road • P.O. Box 854 • Litchfield, CT 06759