



Connecticut Society of Eye Physicians Semi-Annual Education Program

January 11, 2019

The Aqua Turf Club
556 Mulberry Street, Plantsville, CT

CSEP Technician's 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

\$109.00 - Affiliated

(Employed by a physician who
is a CSEP member, State Society or AAO)
After January 1, 2019 \$129.00

\$159.00 - Non-Affiliated

(Employed by a physician who
is NOT a CSEP member, State Society or AAO)
After January 1, 2019 \$179.00

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 (one for each registrant) 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 JANUARY 1, 2019

Please Note: Space is limited to the first 250 registrants

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