



**Connecticut Society of Eye Physicians  
Annual Education Program**

**January 12, 2018**

**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](mailto:debbieosborn36@yahoo.com)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

\_\_\_\_\_

**FEES**

**\$100.00 - Affiliated**

(Employed by a physician who  
is a CSEP member, State Society or AAO)  
*After November 30, 2017 \$120.00*

**\$150.00 - Non-Affiliated**

(Employed by a physician who  
is NOT a CSEP member, State Society or AAO)  
*After November 30, 2017 \$170.00*

**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 and email with credit card information to [debbieosborn36@yahoo.com](mailto:debbieosborn36@yahoo.com)

(This form may be copied for additional registrants)

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(for CSEP office use only)

Check # \_\_\_\_\_ Received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**EARLY BIRD RESERVATION DEADLINE NOVEMBER 30, 2017**

**Please Note: Space is limited to the first 250 registrants**

*This course has been submitted to JCAHPO for 7.0 JCAHPO CE Credits*