



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

Friday, June 13 2025

The Aqua Turf Club

556 Mulberry Street, Plantsville, CT

CSEP Physician Program Registration Form

(ophthalmologists only)

Fax to 860-5674174 or Email debbieosborn36@yahoo.com

Please make the following reservations:

_____ CSEP members at \$120.00 pre-registered, *After April 15, 2025 \$155.00*

_____ MA, RI, NY, NJ ophthalmologists who are members of their state society or AAO at *\$120.00 pre-registered, After April 15, 2025 \$140.00*

_____ Non-CSEP ophthalmologists at *\$300.00 After April 15, 2025 \$350.00*

_____ Residents (all states) - Complimentary

**Note: Per direction of the Executive Committee, attendance at CSEP sponsored educational physician meetings is limited to physicians, or out of state physicians who are members of their state society, and ophthalmology residents and fellows.*

(Note: Do NOT use this form to register for the separate meetings for ophthalmic management or ophthalmic technicians).

Name _____ Street _____

City _____ State _____ Zip _____

Email Address _____ Telephone _____

My check for \$ _____ is enclosed

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

FAX: 860-567-4174 with enclosed credit card form

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

(for CSEP office use only)

Check # _____ Received: _____ Amount: \$ _____

EARLY BIRD REGISTRATION DEADLINE April 15, 2025



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CSEP Technician's Program Registration Form

Fax to 860-567-4174 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 April 15, 2025 \$129.00

\$159.00 - Non-Affiliated

(Employed by a physician who
is NOT a CSEP member, State Society or AAO)
After April 15, 2025 \$179.00

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

(This form may be copied for additional registrants)

(for CSEP office use only)

Check # _____ Received: _____ Amount: \$ _____

DEADLINE FOR REGISTRATION IS May 15, 2025

Please Note: Space is limited to the first 100 registrants

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

