



Connecticut Society of Eye Physicians

Annual Education Program

June 10, 2016

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

\$100.00 - Affiliated

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

\$150.00 - Non-Affiliated

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

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

(This form may be copied for additional registrants)

(for CSEP office use only)

Check # _____ Received: _____ Amount: \$ _____

DEADLINE FOR REGISTRATION IS May 20, 2016

Please Note: Space is limited to the first 250 registrants

This course has been submitted to JCAHPO for 6.50 JCAHPO CE Credits