



Conquer the Ophthalmology Coding Puzzle

2022 Coding & Billing Update Webinar

March 4, 2022 • 3:00–5:00 PM

Registration Form

Physician/Practice Name: _____

CSEP Member: Yes No

Mailing Address: _____

Tel: _____ Name of Attendee: _____

Email Address of Attendee: _____

(the link to join the webinar will be sent to this email address)

Registration Fees*

Practicing Physicians

CSEP Members/Staff \$129

Non-CSEP Members/Staff \$229

Residents & Fellows

CSEP Members \$49

Non-CSEP Members \$149

Amount Enclosed: \$_____

Method of Payment

Check payable to CT Society of Eye Physicians

MasterCard Visa AmEx

Credit Card #: _____

Exp. Date: _____ Security Code: _____

Cardholder Address: _____

Signature: _____

*The registration fee is a "per screen" charge, meaning that multiple individuals from the same office can view the program on a single computer screen.

*A recorded version of the program will be available for purchase after March 4.
The cost of the recording is the same as the cost to attend the live webinar.*

Remit with payment to:

CSEP ❖ PO Box 854 ❖ Litchfield, CT 06759 ❖ Fax: (860) 496-1830 ❖ DebbieOsborn36@yahoo.com