



Connecticut Society of Eye Physicians
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**REQUEST FOR DUPLICATE OR
PREVIOUS CERTIFICATE(S) OF CREDIT**

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Please issue Certificate of Credit for the following CSEP Program (up to 3 years) that I attended:

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Payment \$12.00/certificate Send Check to: CSEP, PO Box 854, Litchfield, CT 06759 or fill out
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_____ Visa _____ Mastercard _____ American Express

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*3 digit # that appears on the back of the Visa/Mastercard

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(Card holder's signature)

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*Necessary to process