

COS Monthly Meetings -- 2006/2007

Chicago Ophthalmological Society

10 W. Phillip Rd., Suite 120

Vernon Hills, IL 60061-1730

Phone: (847) 680-1666 ❖ Fax: (847) 680-1682

REGISTRATION FORM

Please complete the information requested below and return to the COS administrative office. Be sure to check the box for the meeting you are planning to attend. **Your registration in advance will help us to accurately plan for the meeting so that we have the correct number of dinners ordered** and thus spend your dues money efficiently. Thank you for your cooperation.

If you are not a member of COS (or if you are bringing a guest), the fee is \$50. Make your check payable to the "Chicago Ophthalmological Society" and enclose with your registration.

07/2006

Name _____

Mailing address _____

City _____ State _____ Zip _____

Office phone _____ Fax _____

E-mail address: _____

Meeting: Please check the appropriate box for the meeting you wish to attend.

Sept. 25 (Freedman/pediatric-glaucoma)

Oct. 22

Dec. 11

March 12

April 16

Registration:

Member in good standing - *included w/dues* \$ -0-

Member in arrears: \$50 \$ _____

Non-member, guest -- *Enter number* _____ x \$50 ea. \$ _____

Total payment enclosed \$ _____

Make check payable to: "Chicago Ophthalmological Society"

Do not write in the space below