



Connecticut Society of Eye Physicians

Annual Education Program

June 10, 2016

The Aqua Turf Club
556 Mulberry Street, Plantsville, CT

CSEP Physician Program Registration Form (ophthalmologists only)

Fax to 860-567-3591 or Email debbieosborn36@yahoo.com

Please make the following reservations:

_____ CSEP members at **\$120.00 pre-registered, \$150.00 member registers at event**

_____ Non-CSEP ophthalmologists at **\$200.00 pre-registered, \$230.00 member registers at event**

_____ MA, RI, NY, NJ ophthalmologists who are members of their state society or AAO at
\$120.00 pre-registered, \$150.00 member registers at event

_____ Residents - 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 _____ Address _____ Telephone _____

Email Address _____

My check for \$ _____ is enclosed

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

(for CSEP office use only)

Check # _____ Received: _____ Amount: \$ _____

DEADLINE FOR REGISTRATION IS May 20, 2016

*The Connecticut Society of Eye Physicians designates this educational activity for a maximum of 6.75 AMA PRA Category I Credit(s)TM.
Physicians should only claim credit commensurate with the extent of their participation in the activity.*

The Connecticut Society of Eye Physicians is accredited by the Connecticut State Medical Society to sponsor continuing medical education for physicians.