



Connecticut Society of Eye Physicians

Annual Education Program

June 8, 2018

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

\$109.00 - Affiliated

(Employed by a physician who
is a CSEP member, State Society or AAO)
After April 30, 2018 \$129.00

\$159.00 - Non-Affiliated

(Employed by a physician who
is NOT a CSEP member, State Society or AAO)
After April 30, \$179.00

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 April 30, 2018

Please Note: Space is limited to the first 100 registrants

CSEP, 26 Sally Burr Road • P.O. Box 854 • Litchfield, CT 06759