



Registration Form
Cogan Ophthalmic History Society
23rd Annual Meeting April 16-18, 2010
Embassy Suites Chicago-Lakefront ♦ Chicago, Illinois

Attendee name: _____

Check one: Cogan Society Member Non-Member Resident/Fellow

Department _____ Institution _____

Address _____

Phone: Work Home Fax E-mail Address

Accompanying person's name: _____

Registration fee: *Includes Friday evening welcoming reception, scientific sessions on Saturday and Sunday, lunch on Saturday, and archival exhibit and banquet on Saturday evening.*

		After March 1 st
Cogan Society member	\$295	\$330
Non-member (by invitation)*.	\$295	\$330
Accompanying person	\$160	\$160
Resident or Fellow (Scientific sessions only) . . .	free	\$160

- I/we will be attending the Welcoming Reception on Friday evening April 16
- I/we will be attending the banquet on Saturday evening April 17

Dietary restrictions/allergies you'd like us to be aware of:

Make checks payable to **FAES** (Foundation for Advanced Education in Science) and mail this form to: George Bohigian MD, Attention: Cogan meeting, 12990 Manchester Rd., Suite 202, St. Louis, MO 63131. * Non-members please contact Dr. Bohigian at **bohigian@att.net**.

Hotel Registration: Please make reservations directly with the Embassy Suites Hotel, Chicago-Lakefront, 511 North Columbus Dr., Chicago, Illinois 60611, Telephone: 312/836-5900. The Group Rate for the Cogan Meeting is \$219/per night, plus tax. Deadline for this special rate is March 17, and will be applicable for three days prior to and following the meeting. When making your reservation, please mention **Cogan Room Block** and **Group Rate COG**.