

# 2026 Codequest Registration Austin, January 24

## 1) Registration for a *Single Course*:

<input type="checkbox"/>	Codequest (8 am – 12:15 pm)	By Jan. 12	After Jan. 12	Total
	<b>TSEPS Member and/or their Staff</b>	\$295 x _____	\$350 x _____	\$ _____
	<b>Non-Member Ophthalmologist and/or their Staff*</b>	\$395 x _____	\$450 x _____	\$ _____

<input type="checkbox"/>	Codequest Retina 2026 (1 – 5:15 pm)	By Jan. 12	After Jan. 12	Total
	<b>TSEPS Member and/or their Staff</b>	\$295 x _____	\$350 x _____	\$ _____
	<b>Non-Member Ophthalmologist and/or their Staff*</b>	\$395 x _____	\$450 x _____	\$ _____

**AND / OR SAVE!** Registration for *Both Courses* (most will attend just one of the courses above as there will be some duplication of information):

<input type="checkbox"/>	BOTH: Codequest & Codequest Retina	By Jan. 12	After Jan. 12	Total
	<b>TSEPS Member and/or their Staff</b>	\$450 x _____	\$500 x _____	\$ _____
	<b>Non-Member Ophthalmologist and/or their Staff*</b>	\$550 x _____	\$600 x _____	\$ _____

## 2) Name of Ophthalmologist associated with this registration:

## 3) Registrant Listing (please complete all lines for each registrant for continuing ed. purposes; add pages for additional names):

Morning Codequest only ☐      Afternoon Retina Codequest only ☐      Both Courses ☐

Full Name & Credentials: \_\_\_\_\_

Job Title: \_\_\_\_\_ Clinic: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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Morning Codequest only ☐      Afternoon Retina Codequest only ☐      Both Courses ☐

Full Name & Credentials: \_\_\_\_\_

Job Title: \_\_\_\_\_ Clinic: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## 4) Payment

☐ *NEW Members\** check here to include 2026 dues of \$300 in this payment.

Method: ☐ **check payable to TSEPS**      ☐ **VISA**      ☐ **MC**      ☐ **AMX**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing address if different than above: \_\_\_\_\_

**Return this form to:** Mail: Texas Society of Eye Physicians & Surgeons, 111 E. 17<sup>th</sup> St, Box 12841, Austin, TX 78711

Register online: [www.TexasEyes.org](http://www.TexasEyes.org); Scan/Email to [exec@TexasEyes.org](mailto:exec@TexasEyes.org), or call/text Rachael at (512) 363-0605.

**ADA:** ☐ check here if you need any auxiliary services identified with the Americans with Disabilities Act.