



Texas Ophthalmological Association Dallas Codequest Registration – March 29, 2025

In conjunction with the American Academy of Ophthalmic Executives

1: Registration & Fees (check one registrant category):

		By March 24	After March 24	Total
<input type="checkbox"/>	TOA Member and/or Staff	\$295 x _____	\$350 x _____	
<input type="checkbox"/>	Non-Member Ophthalmologist and/or Staff	\$395 x _____	\$450 x _____	

2: Name of Ophthalmologist associated with this registration:

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

Full Name & Credentials: _____
 Job Title: _____ Clinic: _____
 Mailing Address: _____
 City/State/Zip: _____ Email: _____

Traditional Codequest morning only (8 – Noon) **OR** *Retina Codequest (1 – 5 pm)*

Full Name & Credentials: _____
 Job Title: _____ Clinic: _____
 Mailing Address (if different from above): _____
 City/State/Zip: _____ Email: _____

Traditional Codequest morning only (8 – Noon) **OR** *Retina Codequest (1 – 5 pm)*

Full Name & Credentials: _____
 Job Title: _____ Clinic: _____
 Mailing Address (if different from above): _____
 City/State/Zip: _____ Email: _____

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

4: Payment

*NEW Members** check here to include 2025 dues of \$300 in this payment.

Method: **check payable to TOA** **VISA** **MC** **AMX**

Card Number: _____

Expiration Date: _____ CVV #: _____

Name on Card: _____

Billing address if different than above: _____

Return this form to: Mail: Texas Ophthalmological Association, 111 E. 17th St, Box 12841, Austin, TX 78711
 Fax: (512) 370-1637; Register online: www.TexasEyes.org; Email to exec@TexasEyes.org, or call (512) 370-1504.