



## Texas Society of Eye Physicians and Surgeons **2026 Codequest Exhibit Application**

Saturday, January 24 in Austin

Saturday, March 21 in Dallas

Saturday, April 11 in Houston

*In conjunction with the American Academy of Ophthalmology*

Company Name (as it should appear): \_\_\_\_\_

Product/Service: \_\_\_\_\_

Representative Names: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Seminar: ☐ Austin (Jan. 24) ☐ Dallas (March 21) ☐ Houston (April 11)

### **Registration Fees**

\_\_\_ 6 foot Tabletop Exhibit \$900 per exhibit table, per seminar

*(Make checks payable to Texas Society of Eye Physicians and Surgeons or include credit card info below.)*

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

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

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

Complete Billing Address: \_\_\_\_\_

**Warrant of Authority:** The Exhibitor and person signing this application on its behalf represent and warrant that the undersigned person is a duly authorized and appointed agent of the Exhibitor, is fully empowered to bind the Exhibitor to all provisions contained in this agreement, and has read the terms on conditions located at [www.TexasEyes.org](http://www.TexasEyes.org).

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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