



Texas Ophthalmological Association 2021 Codequest Registration

Houston, Norris Conf Center – Saturday, October 2
In conjunction with the American Academy of Ophthalmic Executives

1: Name of Ophthalmologist associated with this registration: _____

2: **Registration & Fees** (check one registrant category):

		By Sept. 27	After Sept. 27	Total
<input type="checkbox"/>	TOA Member and/or Staff	\$275 x _____	\$325 x _____	\$ _____
<input type="checkbox"/>	Resident/Fellow Ophthalmologist	Free!	Free!	\$ _____
<input type="checkbox"/>	Non-Member Ophthalmologist and/or Staff*	\$375 x _____	\$425 x _____	\$ _____

3: **Registrant Listing** (please complete for each registrant; add pages if necessary):

#1 Full Name: _____

Degree(s) inc. COA/COT _____ Job Title: _____

Phone Number: _____ Email: _____

Practice Name: _____ Address: _____

City/State/Zip: _____

#2 Full Name: _____

Degree(s) inc. COA/COT _____ Job Title: _____

Phone Number: _____ Email: _____

Practice Name (if different) _____ Address: _____

City/State/Zip: _____

ADA: check here if any auxiliary services identified with the Americans with Disabilities Act are needed.

4: Payment

Total due for Codequest registration (from section 1): \$ _____

NEW Members* check here to include 2021 dues of \$300 in this payment.

Method: check payable to TOA VISA MC AMX

Card Number: _____

Expiration Date: _____ CVV #: _____

Name on Card: _____

Complete Billing Address: _____

Return this form to: Mail: Texas Ophthalmological Association, 401 w. 15th St., Ste. 825, Austin, TX 78701

Fax: (512) 370-1637; Online: www.TexasEyes.org; Email to toa@TexasEyes.org, or call (512) 370-1504.

Cancellations received in writing by at least 10 business days beforehand will receive a 100% refund. No refunds will be granted sooner than 10 business days before each course. Substitutions are permitted. Contact exec@TexasEyes.org with registration questions.