

Texas Society of Eye Physicians & Surgeons 2026 Codequest Registration - Houston

In conjunction with the American Academy of Ophthalmic Executives

After March 30

Total

Houston, April 11

	1:	Registration	& Fees	(check one	registrant	category	/):
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	TSEPS Member and/or Staff	\$295 x	\$350 x	
	Non-Member Ophthalmologist and/or Staff		\$450 x	
			7 7 13 11	
2: Nam	e of Ophthalmologist associated with this reg	gistration:		
3: Regi	strant Listing (please complete all lines for each	h registrant for conti	nuing ed. purposes; copy p	age for additional nam
Full Nar	no & Cradantials	-		
Job Title	me & Credentials: e:	_ Clinic:		
Mailing	Address: te/Zip:	Essalla		
Uity/Sta	te/ZIp:	Email:		
Full Nar	me & Credentials:e:			
Job Title	3:	_ Clinic:		
ivialling City/Sta	Address (if different from above):te/Zip:	Email:		
	check here if you need any auxiliary services			
_	,,,,			
4: Payn		\$200 in this manner	1	
	/ Members* check here to include 2026 dues of □ check payable to TSEPS □ VISA			
Card No	umber:			
	on Date:			
Name o	n Card:			
	ddress if different than above:			

By March 30

Return this form to: Mail: Texas Society of Eye Physicians & Surgeons, 111 E. 17th St, Box 12841, Austin, TX 78711 Register online: www.TexasEyes.org; Scan/Email to 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.