



# Texas Ophthalmological Association 2023 Codequest Registration

*In conjunction with the American Academy of Ophthalmic Executives*

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## Which course?

- San Marcos, Jan. 14** (by Jan 9)                       **Lubbock, March 24** (by March 20)  
 **Dallas, March 25** (by March 20)                       **Houston, April 1** (by March 27)

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

		Per Person early	Per Person later	Total
<input type="checkbox"/>	<b>TOA Member and/or Staff</b>	\$295 x ____	\$350	
<input type="checkbox"/>	<b>Resident or Fellow</b>	Free!	\$	
<input type="checkbox"/>	<b>Non-Member Ophthalmologist and/or Staff</b>	\$395 x ____	\$450	

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

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## 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: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

## 4: Payment

**NEW Members\*** check here to include 2023 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. 15<sup>th</sup> St., Ste. 825, Austin, TX 78701  
Fax: (512) 370-1637; Online: [www.TexasEyes.org](http://www.TexasEyes.org); Email to [toa@TexasEyes.org](mailto:toa@TexasEyes.org), or call (512) 370-1504.