



Texas Ophthalmological Association 2024 Codequest Registration

In conjunction with the American Academy of Ophthalmic Executives

Which course?

- San Marcos, Jan. 20** (by Jan 15) **Dallas, March 2** (by Feb 26)
 Lubbock, April 26 (by April 22) **See Reverse Side for Houston**

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

		Per Person early	Per Person later	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: _____

Full Name & Credentials: _____
Job Title: _____ Clinic: _____
Mailing Address (if different from above): _____
City/State/Zip: _____ 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 2024 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, 401 w. 15th St., Ste. 825, Austin, TX 78701
Fax: (512) 370-1637; Register online: www.TexasEyes.org; Email to exec@TexasEyes.org, or call (512) 370-1504.

2024 Codequest Registration **Houston**

1) Registration for a *Single Course*:

<input type="checkbox"/>	Fundamentals of Coding (8 – 11:15 am)	By April 22	After April 22	Total
	TOA Member and/or their Staff	\$295 x _____	\$350 x _____	\$ _____
	Non-Member Ophthalmologist and/or their Staff*	\$395 x _____	\$450 x _____	\$ _____

<input type="checkbox"/>	Codequest 2024 (12:15 – 3:30 pm) <small>(intermediate course)</small>	By April 22	After April 22	Total
	TOA Member and/or their Staff	\$295 x _____	\$350 x _____	\$ _____
	Non-Member Ophthalmologist and/or their Staff*	\$395 x _____	\$450 x _____	\$ _____

AND / OR SAVE! Registration for *Both Courses*:

<input type="checkbox"/>	BOTH: Fundamentals of Coding (8 – 11:15 am) and Codequest 2024 (12:15 – 3:30 pm)	By April 22	After April 22	Total
	TOA Member and/or their Staff	\$450 x _____	\$500 x _____	\$ _____
	Non-Member Ophthalmologist and/or their Staff*	\$550 x _____	\$600 x _____	\$ _____

2) Name of Ophthalmologist associated with this registration: _____

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

Fundamentals morning only
 Codequest afternoon only
 Both Courses

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

Fundamentals morning only
 Codequest afternoon only
 Both Courses

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

4) Payment

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 VISA
 MC
 AMX
 Card Number: _____
 Expiration Date: _____ CVV #: _____
 Name on Card: _____
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