Codequest Registration Austin – January 25, 2025

□ Fundamentals of Coding (8 -	- 11:15 am)	By January 17	After January 17	Total
TOA Member and/or their Staff		\$295 x	\$350 x	\$
Non-Member Ophthalmologist and/o	or their Staff*	\$395 x	\$450 x	\$
□ Codequest 2025 (12:15 – 3:3 (intermediate course)	0 pm)	By January 17	After January 17	Total
TOA Member and/or their Staff		\$295 x	\$350 x	\$
Non-Member Ophthalmologist and/o	or their Staff*	\$395 x	\$450 x	\$
AND / OR SAVE! Registration for Bo	th Courses (m	ost people stav all d	av)·	
BOTH: Fundamentals of Cod 11:15 am) and Codequest 20: 3:30 pm)	ling (8 –	By January 17	After January 17	Total
TOA Member and/or their Staff		\$450 x	\$500 x	\$
3) Registrant Listing (please complete a	d with this reg	istration: registrant for continuin		
2) Name of Ophthalmologist associated 3) Registrant Listing (please complete a Fundamentals morning only Full Name & Credentials:	d with this reg Il lines for each Codeques	istration: registrant for continuin t afternoon only Clinic:	g ed. purposes; add pages Both Courses [for additional nam
2) Name of Ophthalmologist associated 3) Registrant Listing (please complete a Fundamentals morning only Full Name & Credentials:	d with this reg Il lines for each Codeques	istration: registrant for continuin t afternoon only Clinic:	g ed. purposes; add pages Both Courses [for additional nam
P. Name of Ophthalmologist associated B) Registrant Listing (please complete a second please co	d with this reg Il lines for each Codeques Codeques	registrant for continuin t afternoon only Clinic: Email: t afternoon only	g ed. purposes; add pages Both Courses [for additional nam
Page 12 Name of Ophthalmologist associated (Page 23) Registrant Listing (Please complete a Fundamentals morning only Use 14 Name & Credentials:	d with this reg	istration: registrant for continuin t afternoon only Clinic: Email: t afternoon only Clinic:	g ed. purposes; add pages Both Courses [for additional nam
Pagistrant Listing (please complete a Fundamentals morning only Usualing Address:	d with this reg	istration: registrant for continuin t afternoon only Clinic: Email: t afternoon only Clinic:	g ed. purposes; add pages Both Courses [for additional nam
Payment A) Name of Ophthalmologist associated (Payment Listing) A) Registrant Listing (please complete a Payment Listing) B) City/State/Zip: B) Payment B) Payment B) Payment City/State/Zip: City	d with this reg Il lines for each Codeques Codeques Codeques USA	registrant for continuin t afternoon only Clinic: Email: t afternoon only Clinic: Email: South This payment. MC	g ed. purposes; add pages Both Courses [Both Courses [for additional nam
Pundamentals morning only Use Indiana Screenister City/State/Zip: Full Name & Credentials: Mailing Address: City/State/Zip: Fundamentals morning only Use Indiana Screenister City/State/Zip: Mailing Address (if different from above): May Payment (in the lattice of the lattice o	d with this reg	registrant for continuin t afternoon only Clinic: Email: t afternoon only Clinic: Email: 300 in this payment. MC	g ed. purposes; add pages Both Courses [Both Courses [for additional nam
Payment Name of Ophthalmologist associated	d with this reg	registrant for continuin t afternoon only Clinic: Email: t afternoon only Clinic: Email: MC	g ed. purposes; add pages Both Courses [Both Courses [for additional nam

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