



Texas Ophthalmological Association Houston Codequest Registration – Feb. 22, 2025

In conjunction with the American Academy of Ophthalmic Executives

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

		By Feb. 17	After Feb. 17	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: _____

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 2025 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, 111 E. 17th St, Box 12841, Austin, TX 78711
Fax: (512) 370-1637; Register online: www.TexasEyes.org; Email to exec@TexasEyes.org, or call (512) 370-1504.