

## Texas Society of Eye Physicians & Surgeons **2026 Codequest Registration**

In conjunction with the American Academy of Ophthalmic Executives

Whic	h course?				
See	Reverse Side for Austin				
	allas, March 21 (by March 9)	n, April 11 (by March 3	30)		
<u>1: Rec</u>	<u>istration &amp; Fees</u> (check one registrant category):	:			
		Per Person early	Per Person later	Total	
	TSEPS Member and/or Staff	\$295 x	\$350 x		
	Non-Member Ophthalmologist and/or Staff	\$395 x	\$450 x		
2: Nar	ne of Ophthalmologist associated with this reg	jistration:			
3. Bec	istrant Listing (please complete all lines for each	n registrant for continuir	na ed 'nurnoses' conv na	age for additional names):	
	, ,	•		,	
Full Na	ame & Credentials:tle:				
Job Ti	tle:	Clinic:			
Mailing	g Address: ate/Zip:	Гil-			
City/S	.ate/Ζιρ:	Email:			
Full Na	ame & Credentials:				
Job Ti	tle:	_ Clinic:			
Mailing	g Address (if different from above):				
City/State/Zip: Email:					
ADA:	☐ check here if you need any auxiliary services	identified with the Amer	ricans with Disabilities A	ct.	
4: Pay	ment				
	W Members* check here to include 2026 dues of S	\$300 in this payment.			
Metho	d: □ check payable to TSEPS □ VISA	□ MC □ AMX			
Card N	Number:				
	tion Date:				
Name	on Card:				
Billing	address if different than above:				

Return this form to: Mail: Texas Society of Eye Physicians & Surgeons, 111 E. 17<sup>th</sup> St, Box 12841, Austin, TX 78711 Register online: <a href="www.TexasEyes.org">www.TexasEyes.org</a>; Scan/Email to <a href="exec@TexasEyes.org">exec@TexasEyes.org</a>, or call/text Rachael at (512) 363-0605.

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

## 2026 Codequest Registration Austin, January 24

Registration for a Single Course:  Codequest (8 am - 12:15 pm)	By Jan. 12	After Jan. 12	Total
SEPS Member and/or their Staff	\$295 x	\$350 x	\$
on-Member Ophthalmologist and/or their Sta	nff* \$395 x	\$450 x	\$
<b>Codequest Retina 2026</b> (1 – 5:15 pm)	By Jan. 12	After Jan. 12	Total
SEPS Member and/or their Staff	\$295 x	\$350 x	\$
lon-Member Ophthalmologist and/or their Sta	<b>off*</b> \$395 x	\$450 x	\$
D/OR SAVE! Registration for Both Courses	s (most will attend just	one of the courses abov	e as there w
plication of information): BOTH: Codequest & Codequest Retina	Dy Ion 42	Affar Ian 40	Total
BOTH: Codequest & Codequest Retina	By Jan. 12	After Jan. 12	Total
SEPS Member and/or their Staff	\$450 x	\$500 x	\$
on-Member Ophthalmologist and/or their Sta	<b>aff*</b> \$550 x	\$600 x	\$
Name of Ophthalmologist associated with this	registration:		
Registrant Listing (please complete all lines for e forming Codequest only ☐ Afternoull Name & Credentials:	each registrant for continu	only □ Both	s for additiona Courses □
Registrant Listing (please complete all lines for e forning Codequest only ☐ Afternoull Name & Credentials:	each registrant for continuon Retina Codequest o	uing ed. purposes; add page	s for additiona Courses □
Registrant Listing (please complete all lines for e forming Codequest only ☐ Afterno all Name & Credentials:	each registrant for continuon Retina Codequest o	uing ed. purposes; add page only □ Both (	s for additional Courses
Registrant Listing (please complete all lines for e corning Codequest only ☐ Afterno all Name & Credentials:	each registrant for continuon Retina Codequest of Clinic:  Email:  On Retina Codequest of Codequ	only □ Both o	s for additional Courses   Courses   Courses   Courses   Courses
Registrant Listing (please complete all lines for e corning Codequest only ☐ Afterno II Name & Credentials:	each registrant for continuon Retina Codequest of Clinic:  Email:  On Retina Codequest of Clinic:	only □ Both o	s for additional Courses  Courses
Registrant Listing (please complete all lines for endorning Codequest only	ach registrant for continuon Retina Codequest of Clinic:  Email:  Clinic:  Clinic:  Email:  Clinic:  Email:  The Codequest of Sand in this payment.	only □ Both o	s for additional Courses  Courses
ull Name & Credentials:	ach registrant for continuon Retina Codequest of Clinic:  Email:  Clinic:  Clinic:  Email:  Clinic:  Email:  A Clinic:  A AMX	only □ Both o	s for additional Courses  Courses  Courses
Registrant Listing (please complete all lines for e corning Codequest only ☐ Afterno all Name & Credentials:	ach registrant for continuon Retina Codequest of Clinic:  Email:  Clinic:  Clinic:  Email:  Clinic:  Email:  A Clinic:  A AMX	only □ Both o	s for addition Courses  Courses

Return this form to: Mail: Texas Society of Eye Physicians & Surgeons, 111 E. 17<sup>th</sup> St, Box 12841, Austin, TX 78711 Register online: <a href="www.TexasEyes.org">www.TexasEyes.org</a>; Scan/Email to <a href="exec@TexasEyes.org">exec@TexasEyes.org</a>, or call/text Rachael at (512) 363-0605.

ADA: 

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Billing address if different than above: