



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

In conjunction with the American Academy of Ophthalmic Executives

Which course?

See Reverse Side for Austin

☐ **Dallas, March 21** (by March 9) ☐ **Houston, April 11** (by March 30)

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

		Per Person early	Per Person later	Total
<input type="checkbox"/>	TSEPS 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 2026 dues of \$300 in this payment.

Method: ☐ **check payable to TSEPS** ☐ **VISA** ☐ **MC** ☐ **AMX**

Card Number: _____

Expiration Date: _____ CVV #: _____

Name on Card: _____

Billing address if different than above: _____

Return this form to: Mail: Texas Society of Eye Physicians & Surgeons, 111 E. 17th St, Box 12841, Austin, TX 78711

Register online: www.TexasEyes.org; Scan/Email to exec@TexasEyes.org, 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

1) Registration for a *Single Course*:

<input type="checkbox"/>	Codequest (8 am – 12:15 pm)	By Jan. 12	After Jan. 12	Total
	TSEPS Member and/or their Staff	\$295 x _____	\$350 x _____	\$ _____
	Non-Member Ophthalmologist and/or their Staff*	\$395 x _____	\$450 x _____	\$ _____

<input type="checkbox"/>	Codequest Retina 2026 (1 – 5:15 pm)	By Jan. 12	After Jan. 12	Total
	TSEPS 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* (most will attend just one of the courses above as there will be some duplication of information):

<input type="checkbox"/>	BOTH: Codequest & Codequest Retina	By Jan. 12	After Jan. 12	Total
	TSEPS 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):

Morning Codequest only ☐ Afternoon Retina Codequest only ☐ Both Courses ☐

Full Name & Credentials: _____

Job Title: _____ Clinic: _____

Mailing Address: _____

City/State/Zip: _____ Email: _____

Morning Codequest only ☐ Afternoon Retina Codequest 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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