

# EyeCon 2019 Registration Form

Downloadable forms are available online at [www.TOAEyeCon.com](http://www.TOAEyeCon.com).

*\*If you attend all specified vendor sessions on Saturday and Sunday, we will rebate \$200 of your registration fee.*

Please print the following information. ONE ATTENDEE per form.

<b>Practice Information</b>			
Practice Name:	Address:		
City/State/Zip:	Office Phone:	Office Fax:	
<b>Optometrist Information</b>			
Last Name:	First Name:	Nickname/Badge Name:	Suffix:
License #:	Cell Phone #:	*Email:	

\*Email is required for registration verification. By giving TOA your information you will automatically be signed up to receive the TOA E-News and other optometry related information.

<p><b>TOA/AOA MEMBER PRICING</b> <span style="float: right;">After 5pm, Oct. 25</span></p> <p><b>Optometrist MEMBER</b> <span style="float: right;">\$200 <input type="checkbox"/></span> <i>(DOES NOT Include Professional Responsibility Course)</i></p> <p><b>Optometrist MEMBER with Ethics Course (PRC)</b> <span style="float: right;">\$300 <input type="checkbox"/></span> <i>INCLUDES Professional Responsibility Course - the \$100 Professional Responsibility fee included in this price is not eligible for rebate)</i></p> <p><b>Optometrist MEMBER Ethics Course (PRC) ONLY</b> <span style="float: right;">\$100 <input type="checkbox"/></span> Not eligible for rebate. <i>(Ethics ONLY INCLUDES Professional Responsibility Course)</i></p> <hr/> <p><b>NON-MEMBER PRICING</b> <span style="float: right;">After 5pm, Oct. 25</span></p> <p><b>Optometrist NON-MEMBER</b> <span style="float: right;">\$300 <input type="checkbox"/></span> <i>(DOES NOT Include Professional Responsibility Course)</i></p> <p><b>Optometrist NON-MEMBER with Ethics Course (PRC)</b> <span style="float: right;">\$400 <input type="checkbox"/></span> <i>INCLUDES Professional Responsibility Course - the \$100 Professional Responsibility fee included in this price is not eligible for rebate)</i></p> <p><b>Optometrist MEMBER Ethics Course (PRC) ONLY</b> <span style="float: right;">\$100 <input type="checkbox"/></span> Not eligible for rebate. <i>(Ethics ONLY INCLUDES Professional Responsibility Course)</i></p> <hr/> <p><b>Celebratory Dinner Honoring Dr. Joe DeLoach, OD, FAAO</b> <span style="float: right;">RSVP <input type="checkbox"/></span> Saturday, November 2nd - Casual Attire</p> <p>Please join us in celebration of Dr. DeLoach's retirement from the University of Houston College of Optometry at the end of the year. This fundraiser will benefit the North Texas Eye Clinics which he established.</p> <p><b>TOTAL Amount Due:</b> _____</p> <hr/> <p><b>Send your completed form and payment by mail or fax:</b></p> <p><b>Mail to:</b> Texas Optometric Association, Inc. P.O. Box 47043, San Antonio, TX 78265-7043</p> <p><b>Fax to:</b> (512) 326-8504</p>	<p><b>GENERAL INFORMATION</b></p> <p><b>Course Handouts:</b> Handouts will be available online at <a href="http://www.toaeyecon.com">www.toaeyecon.com</a> as they become available. NO PAPER COURSE HANDOUTS or WIFI FURNISHED ON-SITE.</p> <p><b>\$200 Rebate Information:</b> *If you attend specified vendor sessions on Saturday and Sunday, we will rebate \$200 of your registration fee.</p> <p><b>Courses/Events:</b> Continental Breakfast and Boxed Lunch is included Saturday and Sunday with the Optometrist Full Registration.</p> <p><b>Professional Responsibility Course ONLY Attendees:</b> Badge can be picked up Sunday after 2pm.</p> <p><b>Continuing Education Hours:</b> There will be 15 hours of education available (15 TPA/DPA and 1 Ethics).</p> <p><b>Meeting Cancellation/Refund Policy:</b> FULL Refund if notified by October 18th. \$50 Refund fee if notified before October 25th.</p> <p><b>Hotel Information:</b> Omni Mandalay Las Colinas 221 E Las Colinas Blvd., Irving, Texas 75039 Phone: (972) 556-0800 Room Rate: \$145 <i>(if booked by October 3rd)</i> Book online at <a href="http://www.TOAEyeCon.com">www.TOAEyeCon.com</a></p> <hr/> <p><b>PAYMENT</b></p> <p><input type="checkbox"/> <b>Check</b> My check for \$ _____ is enclosed. (payable to "TOA")</p> <p><input type="checkbox"/> <b>Credit Card</b> Charge my credit card \$ _____.</p> <p>Card Number: _____</p> <p>Exp. Date: _____ Security Code: _____</p> <p>Signature: _____</p>
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For questions or more information, email [jessica@txeyedoctors.com](mailto:jessica@txeyedoctors.com) or call (512) 707-2020.