

2026 EyeCon: November 7th-8th Registration Form

Downloadable forms and online registration are available online at 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.

Practice Information

Practice Name:	Address:	
City/State/Zip:	Office Phone:	Office Fax:

Optometrist Information

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 news and other optometry-related information from TOA and TOPAC.

TOA/AOA MEMBER PRICING

Before 5pm, Oct. 30

Optometrist MEMBER \$200 ☐

(DOES NOT Include Professional Responsibility Course)

Optometrist MEMBER with Ethics Course (PRC) \$300 ☐

*INCLUDES Professional Responsibility Course - the \$100 Professional
(Responsibility fee included in this price is not eligible for rebate)*

Optometrist MEMBER Ethics Course (PRC) ONLY \$100 ☐

Not eligible for rebate.
(Ethics ONLY INCLUDES Professional Responsibility Course)

NON-MEMBER PRICING

Before 5pm, Oct. 30

Optometrist NON-MEMBER \$300 ☐

(DOES NOT Include Professional Responsibility Course)

Optometrist NON-MEMBER with Ethics Course (PRC) \$400 ☐

*INCLUDES Professional Responsibility Course - the \$100 Professional
(Responsibility fee included in this price is not eligible for rebate)*

Optometrist NON-MEMBER Ethics Course (PRC) ONLY \$100 ☐

Not eligible for rebate.
(Ethics ONLY INCLUDES Professional Responsibility Course)

TOTAL Amount Due: _____

PAYMENT

☐ **Check** My check for \$ _____ is enclosed. (payable to "TOA")

☐ **Credit Card** Charge my credit card \$ _____.

Card Number: _____

Exp. Date: _____ Security Code: _____

☐ Approval to charge credit card:

Signature: _____

GENERAL INFORMATION

Course Handouts: Handouts will be available online at www.toaeyecon.com as they become available. NO PAPER COURSE HANDOUTS FURNISHED ON-SITE.

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

Courses/Events: Continental Breakfast and Boxed Lunch is included Saturday and Sunday with the Optometrist Full Registration.

Professional Responsibility Course ONLY Attendees: Badge can be picked up Sunday after 2pm.

Continuing Education Hours: There will be 16 hours of continuing education offered (includes Human Trafficking Course requirement and Ethics requirement).

Meeting Cancellation/Refund Policy: FULL Refund if notified by October 15th. Cancellations between Oct 16th and Oct 30th, a \$50 fee will be assessed. Cancellations after Oct 30th are non-refundable.

Hotel Information:

Westin Galleria Dallas
13340 Dallas Pkwy, Dallas, Texas 75240

Phone: (972) 934-9494

Room Rate: \$195 (if booked by October 15th)

Book online at: bit.ly/26westin

Send your completed form and payment by mail or fax:

Mail to: Texas Optometric Association, Inc.
P.O. Box 654320, Dallas, TX 75265-4320

Fax to: (512) 326-8504

REGISTER ONLINE: <https://toaeyecon.com>

For questions or more information, email events@txeyedoctors.com or call (512) 707-2020.