

EyeCon 2019 Registration Form

Downloadable forms 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 the TOA E-News and other optometry related information.

TOA/ AOA MEMBER PRICING

After 5pm, Oct. 25

- 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

After 5pm, Oct. 25

- 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 MEMBER Ethics Course (PRC) ONLY** **\$100** ☐
Not eligible for rebate.
(Ethics ONLY INCLUDES Professional Responsibility Course)

Celebratory Dinner Honoring Dr. Joe DeLoach, OD, FAAO ☐
Saturday, November 2nd - Casual Attire **RSVP**

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.

TOTAL Amount Due: _____

Send your completed form and payment by mail or fax:

Mail to: Texas Optometric Association, Inc. **Fax to:** (512) 326-8504
P.O. Box 47043, San Antonio, TX 78265-7043

GENERAL INFORMATION

Course Handouts: Handouts will be available online at www.toaeyecon.com as they become available. NO PAPER COURSE HANDOUTS or WIFI 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 15 hours of education available (15 TPA/DPA and 1 Ethics).

Meeting Cancellation/Refund Policy: FULL Refund if notified by October 18th. \$50 Refund fee if notified before October 25th.

Hotel Information:

Omni Mandalay Las Colinas
221 E Las Colinas Blvd., Irving, Texas 75039
Phone: (972) 556-0800
Room Rate: \$145 (if booked by October 3rd)
Book online at www.TOAEyeCon.com

PAYMENT

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

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

Card Number: _____

Exp. Date: _____ Security Code: _____

Signature: _____

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