

Visit www.TOASummit.com to register online!

(Online registration ONLY after February 8th)

Refund Policy: Full Refund if notified by February 1st; \$50 Refund fee if notified one week prior to convention; No Refund if final week of convention.

Practice Information (please print)		
Practice Name:	Address:	
City/State/Zip:	Office Phone:	Office Fax:

Optometrist Information (Doctors pre-registered will receive their \$200 rebate check on-site; otherwise, it will be mailed to you.)			
Last Name:	First Name:	Nickname/Badge Name:	Suffix:
License #:	Cell Phone #:	Email:	

By giving TOA your email, you will automatically be signed up to receive TOA eNews and optometry related information.	<input type="checkbox"/>	Attend Thursday Workshop (Limit 50): "The In and Out of Scleral Lens" Zanna Kruoch, OD, FAAO, ABO Diplomate	<input type="checkbox"/>	Attend Thursday Workshop (Limit 50): "Scleral Lens: Fitting Basics and Applications" Zanna Kruoch, OD, FAAO, ABO Diplomate
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FREE - 1st Optometric Staff Member (non-optometrist)			
Last Name:	First Name:	Nickname/Badge Name:	Suffix:
Email:		<input type="checkbox"/>	Attend Thursday Workshop (Limit 50): "The In and Out of Scleral Lens" Zanna Kruoch, OD, FAAO, ABO Diplomate
		<input type="checkbox"/>	Attend Thursday Workshop (Limit 50): "Scleral Lens: Fitting Basics and Applications" Zanna Kruoch, OD, FAAO, ABO Diplomate

FREE - 2nd Optometric Staff Member (non-optometrist)			
Last Name:	First Name:	Nickname/Badge Name:	Suffix:
Email:		<input type="checkbox"/>	Attend Thursday Workshop (Limit 50): "The In and Out of Scleral Lens" Zanna Kruoch, OD, FAAO, ABO Diplomate
		<input type="checkbox"/>	Attend Thursday Workshop (Limit 50): "Scleral Lens: Fitting Basics and Applications" Zanna Kruoch, OD, FAAO, ABO Diplomate

For individual or additional optometric staff members please download the form online at www.toasummit.com.

RATES	By Jan. 10	By 5pm Feb. 1	After 5pm Feb. 1	
Optometrist (Ethics Course Included)				
TOA / AOA Member	\$495	\$595	\$695	<input type="checkbox"/>
NON- TOA / AOA Member	\$695	\$795	\$895	<input type="checkbox"/>
TOA / AOA Life Member	\$415	\$415	\$415	<input type="checkbox"/>
TOA / AOA Retired Member	\$415	\$455	\$495	<input type="checkbox"/>
Optometry School Full-Time Faculty TOA / AOA Member	\$295	\$395	\$495	<input type="checkbox"/>
2018 Graduate Member	\$395	\$495	\$595	<input type="checkbox"/>
2018 Graduate Non-Member	\$395	\$495	\$595	<input type="checkbox"/>
2015-2017 Graduate Member	\$395	\$495	\$595	<input type="checkbox"/>
2015-2017 Graduate Non-Member	\$495	\$595	\$695	<input type="checkbox"/>

Students Texas Optometry Students: Contact your local STOA office. Affiliate (out of TX) Students: Contact the TOA office.

Spouse/Guest	\$185	\$210	\$235	<input type="checkbox"/>
Name of Spouse/Guest: _____				

Exhibit Hall ONLY or Extra Badges (not for vendor registration)

Friday OR Saturday \$60 x _____ = _____

Friday AND Saturday \$110 x _____ = _____

Names for exhibit hall only or extra badges and day(s) preference:

1. _____ Fri Only Sat Only Fri & Sat

2. _____ Fri Only Sat Only Fri & Sat

Children (over 2 and under 12) \$40 x _____ (#children) x _____ (#days) = _____

Sponsor a Student \$200 x _____ = _____

Name of Student: _____

OR General Student Fund (TOA will designate)

EVENTS	
Top Golf "Swing For Sight": Thursday, February 14, 10am - 1pm	<input type="checkbox"/>
Proceeds go to benefit Optometry Giving Sight	# of Attendees: _____
Staff/Para Dinner: Thursday, February 14, 7:30pm - 9:30pm	<input type="checkbox"/>
No CE, "The Beauty Summit", Sponsored by Alcon	# of Attendees: _____
Boxed Lunch: Friday, February 15, 1pm - 2pm	<input type="checkbox"/>
No CE, Sponsored by Bausch and Lomb	# of Attendees: _____
Job Placement Social: Friday, February 15, 8pm - 10pm	<input type="checkbox"/>
	# of Attendees: _____

Course Handouts: Handouts will be available online at www.toasummit.com as they become available.

PAYMENT	
<input type="checkbox"/>	Check My check for \$ _____ is enclosed. (payable to "TOA")
<input type="checkbox"/>	Credit Card Charge my credit card \$ _____.
Card Number: _____	
Exp. Date: _____ 3/4 Digit Security Code: _____	
Signature: _____	

CE for this summit is available as a complete package ONLY.

Send your completed form and payment by mail or fax:

Mail to: Texas Optometric Association, Inc.
P.O. Box 47043, San Antonio, TX 78265

Fax to: (512) 326-8504

STAFF/PARA REGISTRATION
 119th TOA Summit · February 14-17, 2019

Registration #: _____ (For TOA use only)

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Registration form for Optometric Staff, Extra Staff, or Attending Without an Optometrist

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Practice Information (please print)		
Practice Name:	Address:	
City/State/Zip:	Office Phone:	Office Fax:

Optometric Staff Member Information (non-optometrist)			
Last Name:	First Name:	Nickname/Badge Name:	Suffix:
Cell Phone #:	Email:		

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 Zanna Kruoch, OD, FAAO, ABO Diplomate

Attend Thursday Workshop (Limit 50):
 "Scleral Lens: Fitting Basics and Applications"
 Zanna Kruoch, OD, FAAO, ABO Diplomate

1. Additional Staff Member (non-optometrist)			
Last Name:	First Name:	Nickname/Badge Name:	Suffix:
Cell Phone #:	Email:		

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2. Additional Staff Member (non-optometrist)			
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Cell Phone #:	Email:		

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Optometric Staff				
Doctor's TOA Member	\$220	\$245	\$270	<input type="checkbox"/>
Doctor's Non-TOA Member	\$245	\$270	\$295	<input type="checkbox"/>
Name of Doctor: _____				
Spouse/Guest				
	\$185	\$210	\$235	<input type="checkbox"/>
Name of Spouse/Guest: _____				

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Exp. Date: _____ 3/4 Digit Security Code: _____

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