

Visit www.TOASummit.com to register online!

(Online registration ONLY after February 12th)

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

Refund Policy: Full Refund if notified by February 5th; \$50 Refund fee if notified one week prior to Summit; No Refund if final week of Summit.

| | | |
|--|---------------|-------------|
| 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.

| | | | |
|--|-------------|----------------------|---------|
| Optometric Staff Member (non-optometrist) | | | |
| Last Name: | First Name: | Nickname/Badge Name: | Suffix: |
| Email: | | | |

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|--|-------------|----------------------|---------|
| Optometric Staff Member (non-optometrist) | | | |
| Last Name: | First Name: | Nickname/Badge Name: | Suffix: |
| Email: | | | |

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

| RATES | By Jan. 15 | By 5pm Feb. 5 | After 5pm Feb. 5 | |
|---|------------|---------------|------------------|--------------------------|
| 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"/> |
| 2020 Graduate Member | \$395 | \$495 | \$595 | <input type="checkbox"/> |
| 2020 Graduate Non-Member | \$395 | \$495 | \$595 | <input type="checkbox"/> |
| 2017-2019 Graduate Member | \$395 | \$495 | \$595 | <input type="checkbox"/> |
| 2017-2019 Graduate Non-Member | \$495 | \$595 | \$695 | <input type="checkbox"/> |
| Optometric Staff | | | | |
| Optometrist's a TOA Member | \$220 | \$245 | \$270 | <input type="checkbox"/> |
| Optometrist's a TOA Non-Member | \$245 | \$270 | \$295 | <input type="checkbox"/> |

Name of Optometrist: _____

Spouse/Guest \$185 \$210 \$235

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) = _____

| | |
|---|---|
| EVENTS | |
| Boxed Lunch: Thursday, February 18, 12pm - 1pm <input type="checkbox"/> | OD & Staff , No CE, Sponsored by CooperVision # of Attendees: _____ |
| Boxed Lunch: Friday, February 19, 1pm - 2pm <input type="checkbox"/> | OD & Staff , No CE, Sponsored by Novartis # of Attendees: _____ |
| Wine Tasting CE Event: Friday, February 19, 8:30pm - 9:30pm <input type="checkbox"/> | OD ONLY , Guest Speaker: Charles Connor, OD, PhD, FAAO # of Attendees: _____ |

Join us at the JW Marriott: Only available until January 27th, get discounted room rates starting at \$179 when you reserve a room at the JW Marriott through our conference link found at www.toasummit.com.

JW Marriott
110 E 2nd St, Austin, TX 78701
(512) 474-4777

| | |
|---|---|
| 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 |