

2010 TLMI CONFERENCE & RETREAT HOSPITAL/STUDENT REGISTRATION FORM

REGISTRATION INFORMATION

This registration form is for hospitals and students ONLY. We will be offering 100 **FREE** registrations (1 free registration per member hospital), on a first-come, first-serve basis, until Friday, August 27, 2010. Any other participant may be able to attend the conference as a corporate sponsor (opportunity limited to only 10 sponsors). To help us plan properly and ensure optimal processing of conference materials, complete and submit your registration as early as possible.

METHOD OF PAYMENT

You may pay by check or credit card. **If paying by credit card, complete the form on the back.** Cash is accepted for on-site registration only (receipts will be provided). Your registration cannot be processed without payment.

SUBSTITUTION & CANCELLATION

Registrants unable to attend may send an alternate; please notify TORCH/Foundation of any changes prior to the event. For cancellation, notify us in writing prior to **September 07, 2010**. Refunds, minus a \$25 processing fee, will be available for notices received by this date. No refunds will be issued for cancellations received after this date. TORCH/Foundation reserves the right to cancel or reschedule the event if deemed necessary; or should a situation beyond the control of TORCH/Foundation arise to prevent holding the conference, TORCH/Foundation will not be held liable for any expenses incurred by the registrants, except for the registration fee, which would be refunded.

QUESTIONS

For questions regarding registration, confirmation or cancellation, please contact Rose Valenzuela at 512-873-0045 or email at rose@torchnet.org.

Please type or print clearly. You may attach your business card with this completed form.

Name (to appear on badge): _____		
Title: _____	Interest in the Golf Event on the 7 th (Yes/No): _____	
Hospital / Healthcare Organization: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	Email: _____

Additional Hospital/Student Participants (duplicate form for more registrants)	Check Box if interested in the Golf Event:
2. Name: _____ Title: _____ Email: _____	<input type="checkbox"/>
3. Name: _____ Title: _____ Email: _____	<input type="checkbox"/>
4. Name: _____ Title: _____ Email: _____	<input type="checkbox"/>
5. Name: _____ Title: _____ Email: _____	<input type="checkbox"/>

<p>Hospital Registration <u>before</u> August 23, 2010 (per person) TORCH/Foundation Member: FREE for one person per facility; \$125 per additional attendee Non-member: \$150</p> <p>Student Registration Graduate/Undergraduate Student: \$100</p>	<p style="text-align: center;">Registration Onsite (per person)</p> <p style="text-align: center;">TORCH/Foundation Member: \$150 Non-member: \$175</p>
<p>Total Amount Enclosed: \$ _____ (Credit Card payment Form ON BACK)</p>	

If paying by check, make checks payable to: TORCH, mail form and payment to: PO Box 14547, Austin, TX 78761
If paying by credit card, complete form on back; if submitting via fax, send both sides of the form to (512) 873-0046.

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TORCH CREDIT CARD PAYMENT

Please Print Clearly

Total Amount Paid: _____	Date: _____		
Name as it appears on card: _____ <i>Facility and/or Individual</i>			
PERSON AUTHORIZED TO CHARGE:			
First Name: _____	Last Name: _____		
Card Type: <input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
Card Number: _____	Expiration Date: _____		
Card Security Code: _____	<i>3-digit number on back of card, 4-digit on front for AMEX</i>		
Signature Authorizing Charge: _____			
Email Address: _____	Telephone Number: (_____) _____		

BILLING ADDRESS

Please enter the following information exactly as it appears on your credit card statement

Address: _____		
City: _____	State: _____	Zip: _____

Payment cannot be processed unless all information is provided.

[If paying by credit card, you may mail the form to TORCH, PO Box 14547, Austin, TX 78761](#)
[or fax both sides of the application form to \(512\) 873-0046.](#)