

2012 TORCH Annual Conference & Trade Show

Conference Registration Form



April 11-13, 2012 ✦ Omni Hotel Dallas
Registration Deadline: March 23

Advance Registration Fees Deadline: March 23	
TORCH Member	<input type="checkbox"/> \$225
Second member registrant	<input type="checkbox"/> \$200
Each additional member	<input type="checkbox"/> \$180 x _____
Students	<input type="checkbox"/> \$100 x _____
Non-member	<input type="checkbox"/> \$325 x _____
On-site/Late Registration Fees Postmarked or received after March 23	
Member	Non-member
<input type="checkbox"/> \$265	<input type="checkbox"/> \$350

One-day Registration Fees In advance or on-site; one day only circle day attending	
<u>Member</u>	<u>Non-member</u>
<input type="checkbox"/> \$80 Wednesday or Friday	<input type="checkbox"/> \$100 Wednesday or Friday
<input type="checkbox"/> \$130 Thursday	<input type="checkbox"/> \$150 Thursday
Spouse/Guest Event Fees	
Please mark each event attending	
Wednesday Reception <input type="checkbox"/> \$30	
Thursday Luncheon <input type="checkbox"/> \$30	
Thursday Reception <input type="checkbox"/> \$30	
Guest Name _____	

Registration Information Must Be Complete. (Please type or print legibly)

Conference registration fee is per person and includes program, conference syllabus, conference tote bag, refreshments, two breakfasts, one luncheon, two receptions and full access to the Trade Show. If you require assistance or have special dietary needs, please contact the conference office.

TYPE OR PRINT NAME AS IT WILL APPEAR ON BADGE (use separate sheet for additional attendees)

Name 1: _____ Name 2: _____

Title: _____ Title: _____

Hospital/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Payment Options: Mail Check or Credit Card Information with Registration Form to:

via mail TORCH Conference, P.O. Box 203878, Austin, TX 78720-3878 —OR—
via overnight delivery 11675 Jollyville Road, Suite 300, Austin, TX 78759-4105

Make checks payable to TORCH Annual Conference **Total Amount Enclosed:** _____

To Pay By Credit Card:

VISA: _____ MC: _____ AMEX: _____ DISCOVER: _____ Exp Date: _____ Security Code: _____

Credit Card Number: _____

Company Name: _____

Person Authorized to Charge: _____

Signature Authorizing Charge: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____