

# TORCH Coding Workshop Hospital Registration Form

## REGISTRATION INFORMATION

This registration form is for hospitals and healthcare organizations ONLY. To help us plan properly and ensure timely processing of conference materials, please 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, please register online at: <http://m360.torchnet.org/event.aspx?eventID=36008> or by completing the back of this form.* Cash is accepted for on-site registration only (receipts will be provided). Your registration cannot be processed without payment.

## SUBSTITUTION & CANCELLATION POLICY

Registrants unable to attend may send an alternate; please notify TORCH of any changes prior to the event. For cancellation, a refund, minus a \$25 processing fee, will be refunded for written notices (email acceptable) received by **November 25, 2011**. Refunds will not be issued for cancellations received after this date. TORCH reserves the right to cancel or reschedule the event if deemed necessary; or should a situation beyond the control of TORCH arise to prevent holding the conference, TORCH will not be held liable for any expenses incurred by the registrants, except for the registration fee, which would be refunded in full.

## QUESTIONS

For questions regarding registration, confirmation or cancellation, contact Kim Foster at (512) 873-0045 or email at [kim@torchnet.org](mailto:kim@torchnet.org). For all other questions, contact Dawn Haberkorn at [dawn@torchnet.org](mailto:dawn@torchnet.org).

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

Name (to appear on badge) _____		
Title _____		
Hospital / Healthcare Organization _____		
Address _____		
City _____	State _____	Zip _____
Phone _____	Fax _____	Email _____

Additional Participants		
2. Name _____	Title _____	Email _____
3. Name _____	Title _____	Email _____
4. Name _____	Title _____	Email _____
5. Name _____	Title _____	Email _____

<b>Registration <u>by</u> November 25, 2011</b>	<b>Registration <u>after</u> November 25, 2011</b>
TORCH or Foundation Member: <b>\$110 per person</b>	TORCH or Foundation Member: <b>\$125 per person</b>
Non-member: <b>\$150 per person</b>	Non-member: <b>\$175 per person</b>
	<b>Total Amount Enclosed: \$ _____</b>

Make checks payable to: TORCH, P.O. 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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## CREDIT CARD PAYMENT FORM

Please Print Clearly

Total Amount Paid: _____	Date: _____		
Name as it appears on card: _____ <i>Company and/or Individual Name</i>			
<b>PERSON AUTHORIZED TO CHARGE:</b>			
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: _____	<small>3-digit number on back of card, 4-digit on front of AMEX</small>		
Signature Authorizing Charge: _____			
E-mail 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.

You may fax the completed form (both sides) to (512) 873-0046