

TARHC Registration Form

2010 Annual Education Conference

(please type or print clearly; use copies of this form for multiple registrants)

First/Last Name: _____

Clinic/Hospital/Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

PLEASE SUBMIT REGISTRATION FORM BY JULY 27

**Hotel Deadline
July 27th**

TARHC Member: \$250.00 per person Non Member: \$350.00 per person

Total Registration Fee (per person) enclosed: \$ _____

Vendors may participate as a Sponsor/Exhibitor only

Please contact the association office for more information

MAKE CHECKS PAYABLE TO TARHC

MAIL REGISTRATION FORM AND CHECK/CREDIT CARD INFO TO:

TARHC, P. O. BOX 14547, AUSTIN, TX 78761

CREDIT CARD PAYMENT for the 2010 TARHC Annual Conference Registration

(please print clearly)

Total Amount Paid: _____ Date: _____

Name as it appears on card: _____
Company and/or Individual

PERSON AUTHORIZED TO CHARGE:

First Name: _____ Last Name: _____

Card Type: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number: _____ Expiration Date: _____

Card Security Code: _____ *3-digit # on back of card, 4-digit on front for AMEX*

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 the application form to (512) 873-0046.