



Name:

\_\_\_\_\_

Name of Company:

\_\_\_\_\_

Title:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

**Conference Registration Fees**

√ \_\_\_\_\_ \$450.00 Early Registration (before August 1, 2008)

√ \_\_\_\_\_ \$550.00 (after August 1, 2008)

***PAYMENT OPTIONS:***

Check \_\_\_\_\_ (payable to TAHP) \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ AMEX

CC #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Please fax form to TAHP: (512) 476-2870

Mail checks to: Texas Association of Health Plans  
1001 Congress Avenue, Suite 300  
Austin, Texas 78701

For more information call (512) 476-2091 or email [pgage@tahp.org](mailto:pgage@tahp.org)