

2009 CONFERENCE & GOLF TOURNAMENT REGISTRATION

The Texas Association of Health Plans Texas Managed Care Conference and Trade Show

ONE FORM PER PERSON PLEASE. Please copy form for additional attendees. Payment must accompany form.
For more information, please visit us at www.tahp.org or contact Patti Doner at 512.476.2091 or pdoner@tahp.org

CONFERENCE REGISTRATION

- Member Registration** – \$500 (\$450 if registered and paid before August 1, 2009)
(includes all conference events except the golf tournament)..... Amount \$ _____
- Non Member Registration** – \$800 (\$750 if registered and paid before August 1, 2009)
(includes all conference events except the golf tournament)..... Amount \$ _____
- Welcome Reception Pass for Spouse/Guest** – \$75
(Tuesday, October 20, 2009/5:30 p.m. to 7:30 p.m.) Amount \$ _____
- Dinner Banquet and Casino Night Pass for Spouse/Guest** – \$75
(Wednesday, October 21, 2009/7:00 p.m. to 10:00 p.m.) Amount \$ _____
- Single Day Registration** – \$200 members/\$350 non-members
(Please specify day: Tuesday/Wednesday) Amount \$ _____

GOLF TOURNAMENT REGISTRATION

- Register** _____ players for the golf tournament – \$150 each Amount \$ _____
- Rent golf equipment for** _____ right handers and _____ left handers – \$40 each Amount \$ _____
- Total Amount Due \$** _____

ATTENDEE/SPOUSE/GUEST INFORMATION *(to be used for name tags)*

First _____ MI _____ Last Name _____

Title _____ Company/Org. _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Spouse/Guest Name _____

PAYMENT METHOD

- Check** (Amount enclosed \$ _____) Please make checks payable to Texas Association of Health Plans
- Credit Card** (Circle: AMEX, MC, VISA) CC# _____ Expiration date _____
- Billing Address** *(if different from above)* _____
- City _____ State _____ Zip _____
- Name on credit card _____ Authorized Signature *(required)* _____

MAIL *(paying with check)* **OR FAX** *(paying with credit card)* **THIS FORM WITH PAYMENT TO :**
Texas Association of Health Plans, 1001 Congress Ave., Suite 300, Austin, TX 78701 OR Fax to 512-476-2870

FOR MORE INFORMATION, CONTACT US AT:



Texas Association of Health Plans
Phone: 512-476-2091 • Fax: 512-476-2870
Web: www.tahp.org