



Texas Association of Health Plans

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**2009 Texas Managed Care Conference & Trade Show
Golf Tournament Registration Form**

The tournament will start at 10:30 am on Tuesday, October 20th at the Wolfdancer Golf Course at the Hyatt Regency Lost Pines Resort and Spa. The deadline to register is October 15, 2009. The cost per player is \$150, and includes greens fees, cart rental, and a box lunch.

Player: _____ Title: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____

Renting Clubs Right hand Left hand Women's Clubs \$40 fee

Player: _____ Title: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____

Renting Clubs Right hand Left hand Women's Clubs \$40 fee

PAYMENT:

Total Amount enclosed or to bill: \$_____ Complimentary w/sponsorship

Enclosed is a check Please bill my credit card: Master Card Visa American Express

Credit card number: _____ Expiration Date: _____

Name on card _____

Signature: _____

Please mail or FAX form to: Texas Association of Health Plans
1001 Congress Ave., Suite 300
Austin, TX 78701

For more information call Patti at 512-476-2091 or email pdoner@ta hp.org