

Registration & Application

THE TEXAS ASSOCIATION OF HEALTH PLANS TEXAS MANAGED CARE CONFERENCE & TRADE SHOW

This application for exhibit space at the TAHP Texas Managed Care Conference & Trade Show indicates the applicant's willingness to abide by all accompanying exhibit terms and conditions and general regulations, as well as such additional rules and regulations as TAHP deems necessary to the success of the trade show.

Make checks payable to the Texas Association of Health Plans. Booths reserved before August 1, 2007 may require a deposit which will be due with a signed contract. Final payment will be due no later than 60 days prior to the event start date, October 16, 2007. Full payment is required for all booths reserved after August 16, 2007.

Exhibiting Company

(This information is used for your company listing in the final program.)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Authorized Signature: (must be signed) _____

Exhibit Materials should be sent to: _____

Booth Selection

(List your first three choices for booth locations)

1st: _____ 2nd: _____ 3rd: _____

(We will call you if your choices are taken)

Basic product and service to be exhibited:

Method of Payment

Check: (Amount enclosed \$_____)

Credit Card: (Circle: AMEX, MC, Visa)

CC#: _____

Exp. Date: _____

Name as it appears on card:

Billing address: (If different from above.)

City: _____ State: _____ Zip: _____

Signature: _____

**RETURN THIS
FORM AND
PAYMENT TO:**

512.476.2870
720 BRAZOS ST.,
#1004
AUSTIN, TX 78701



GOLF REGISTRATION FORM

YES, I want to play in TAHP's Golf Tournament and agree to pay \$150 to TAHP.
(Fees must be paid before the start of tournament).

Name: _____ Company: _____

Email: _____ Phone: _____ Fax: _____

Handicap: _____

Renting Equipment. Fees will apply. (Circle one): Yes No

Payment options (Circle one): Check enclosed Credit Card

Name on card: _____

CC#: _____ Exp. Date: _____ Circle: AMEX, MC, Visa

Signature: _____