

**Texas Association of Health Plans**  
2007 Texas Managed Care Conference and Trade Show  
October 16 – 18, 2007  
Hyatt Regency Lost Pines Resort & Spa

“Fax-Back”

**Support Agreement Form**

Fax to: (512) 476-2870

**Yes!** My company wants to support the 2007 Texas Managed Care Conference and Trade Show!

Company: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

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

**LEVEL OF SUPPORT**

Level: \_\_\_\_\_ Amount: \_\_\_\_\_

I agree to support the TAHP 2007 Texas Managed Care Conference and commit to paying the applicable fee that I have listed above. All monies are due to TAHP as soon as possible, unless other arrangements are made.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to:  
Texas Association of Health Plans, 720 Brazos Street, #1004, Austin, TX  
78701

**TAHP Tax ID# 74-244-8002**

**Questions? Please call Patti Gage at (512) 476-2091 or email  
[pgage@tahp.org](mailto:pgage@tahp.org)**