

**Texas Alliance for Patient Services
Annual Conference,
Sep 9-11, 2009, Marriott Solana DFW,
Westlake,
REGISTRATION FORM**



(One person per form – photocopy as needed)

Name _____ Friends Call Me _____

Title _____ Organization _____

Credentials _____ E-Mail _____

Address _____ City _____ St. _____ Zip _____

Phone (____) _____ Cell Ph (____) _____ Fax (____) _____

Is this your first TAPS conference? Yes No

Are you a member of the Society for Healthcare Consumer Advocacy (SHCA)? Yes No

Special accommodations needs? Describe _____ Yes No

Special diet needs? Describe _____ Yes No

REGISTRATION FEES

	Member	Non-Member	Reg. Fee
Registration	\$350	\$450	_____
One Day Only and Guest Registration			
Wednesday (includes all meals and activities)	\$175	\$225	_____
Thursday (includes lunch and reception)	\$175	\$225	_____
Friday (includes breakfast)	\$ 75	\$100	_____
Guest ticket: Wed. lunch, Thur. lunch, Fri. breakfast (circle)		\$ 35 x ____	_____

Membership Dues (9/1/09 – 8/31/10)

Active Member (employed by a healthcare institution)	\$ 95	_____
Associate Member (vendors, consultants, others)	\$150	_____
Affiliate Member (non-voting mbr, seeking to learn more about TAPS)	\$ 50	_____

[TAPS tax ID # 03-0467983]

TOTAL DUE TO TAPS \$ _____

Please let us know if you will attend the following (check all that apply):

- Luncheon, Wednesday, Sept. 9
- Luncheon, Thursday, Sept. 10
- President's Reception, Thursday, Sept. 10
- Breakfast, Friday, Sept. 11

PAYMENT INFORMATION

My check # _____ payable to TAPS in the amount of \$ _____ is enclosed.

Please charge my: Visa MasterCard American Express Exp Date ____/____

Card Number _____ Verification Code _____ Billing Zip Code _____

Print cardholder's name _____ Signature _____

Fax form with charge card info to: TAPS at secure fax 512-382-0309 **OR**

Mail form with check to: TAPS, P.O. Box 140693, Austin, TX 78714-0693