



Texas Society of Allied Health Professions Legislative Summit Registration Form January 6, 2017

Name:

Title:

Agency/Organization/University:

Mailing home work

Address:

City: Zip:

Daytime phone:

Email address (required):

Registration Deadline: Monday, January 2, 2017

Registration Fee: \$50 (fee covers lunch, printed materials, and overhead costs). Registration fee for summit panelists and speaker will be waived. Registration fee is non-refundable.

Total Amount Enclosed: \$

Person completing form, email address and contact number:

Email address (required):

Fee Payment: Check: # (Payable to: TSAHP)

Credit Card: Master Card Visa Discover American Express

Account Number Expiration Date

Name on Card: Card Code (on back of card)

Please return completed application along with payment to:

Shirley McGraw, Executive Director
UTMB Physician Assistant Studies/School of Health Professions
The University of Texas Medical Branch
301 University Boulevard
Galveston, Texas 77555-1145
(409) 772-9565/Desk smcgraw@utmb.edu