



# Texas Society of Allied Health Professions 42nd Annual Conference Registration Form September 19-20, 2019

Name:

Title:

Agency/Organization/University:

Address:

City:  Zip:

Email address (required):

**Registration Fee:** (includes afternoon break, Reception and Awards Dinner, and continental breakfast)

	Early (before 8/15/19)	Regular
Members	\$ 85	\$105
Non-Member	\$120	\$140
Awards Dinner* for Guest Only	\$ 30	\$ 30

\*Students – no charge

**Total Amount Enclosed:** \$

**\*Students.** There is no registration fee or cost for dinner for student presenters (platform or poster) or student award recipients. This includes participants in the student poster competition. All students must complete and submit this registration form to confirm attendance, and clearly mark title as student presenter, student attendee, etc.

**Awards Dinner. I will be attending awards dinner**  yes  no

The dinner will be held on Thursday evening following the poster presentations and reception. Cost is included in registration fee, but we ask conference attendees to confirm attendance for catering purposes. If you need special accommodations or have dietary restrictions, please contact Shirley McGraw. There may be limitation on availability with onsite registration.

**Friday Box Lunch. I will be attending the conference after 12:00 noon on Friday**  yes  no

**All conference participants including presenters must submit conference registration fee (exception student presenters). Conference registration is non-refundable.**

**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 School of Medicine  
301 University Boulevard  
Galveston, Texas 77555-1345  
(409) 772-9565/Desk  
[tsahpsm@gmail.com](mailto:tsahpsm@gmail.com)