



Texas Society for Advancement of Health Professions Annual Conference Registration Form September 18-19, 2025

Name:

Agency/Organization/University:

Street Address

City/State/Zip

Telephone (AC + Number)

Email address (required):

Registration Fee: (includes afternoon break, reception and awards dinner, and continental breakfast)

	Registration (before 9/1/25)	Late Registration (9/2/25 to 9/15/25)
Members & Presenters	\$100	\$125
Non-Member	\$100	\$125
Awards Dinner* for Guest Only	\$ 30	\$ 30
Students	\$ 25	\$ 25

Total Amount Enclosed:

\$

Students. Registration fee includes cost of meals (dinner, breaks, and box lunch on Fridays). Students must complete and submit this registration form to confirm attendance, and clearly mark meals 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 by 9/15/25. There may be limitation on availability with onsite registration.

Friday Box Lunch. ☐ Yes ☐ No

All conference participants including presenters must submit conference registration fee. Conference registration is non-refundable.

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

Credit Card: Master Card ☐ Visa ☐ Discover ☐ American Express ☐

Account Number:

Expiration

Billing Zip

Name on Card:

Code (on back of card)

SUBMIT completed registration form to: [TSAHP Online Portal](#).

Questions:

Shirley McGraw, Executive Director
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