Texas Society of Allied Health Professions
33rd Annual Conference Registration

(Please print or type):

Name: _____
(Last) (First) (Full Middle)

Title: _____ **Degree(s):** _____
(Faculty ranks, administrative, etc.) (MPH, PhD, MS, EdD, MD, etc.)

Address and Telephone Number:

_____ (____) _____
(Street Address) (Telephone)

_____ (____) _____
(City/State/Zip) (Fax)

_____
(Email Address)

Other:

Institution Affiliation: _____

Person completing form and contact number: _____
_____

Conference Registration Fees

	Early*	Regular
Members	$ 85	$105
Non-Member	$120	$140
Guests—Awards Dinner	$ 30	$ 30

Total Amount Enclosed: $_____

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*Please return completed registration and fees to the following address. Checks should be made payable to TSAHP. Early registration must be received no later than September 1, 2010 Presenters must pay conference registration fee. Conference registration is non-refundable.

Shirley McGraw, Executive Director
Department of Physician Assistant Studies
School of Health Professions
University of Texas Medical Branch
301 University Boulevard
Galveston, Texas 77555-1145

For Office Use:
Check Number _____
Date Received _____
Amount _____
Check Name _____