

TEXAS SOCIETY OF ALLIED HEALTH PROFESSIONS



Legislative Summit Registration Form January 5, 2012

Name: _____

Title: _____

Agency/Organization/University: _____

Mailing (home work):

Address: _____

City: _____ Zip: _____

Daytime phone: (_____) _____

Email address (required): _____

Registration Fee: \$50

Registration Deadline: Monday, December 19, 2011

Fee Payment: Check: # _____ (payable to TSAHP)

Credit Card: Master Card Visa
Discover American Express

Account Number _____ Expiration Date _____

Credit Card Code _____ (on back of card)

Name on Card: _____

Authorized Signatures: _____

If you need special accommodations or have dietary restrictions, please contact
Shirley McGraw. Please return completed application along with payment to:

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