Texas Society for Advancement of Health Professions
Annual Conference Registration Form
September 17-18, 2026

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 9/15/26)	Late Registration (After 9/15/26)
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.

Meals. The dinner is on Thursday evening and lunch box are included in your registration fee. Please confirm your attendance on this form for catering purposes. If you would like to bring a guest to the dinner, the guest price is listed above. For Friday, please indicate if you would like a box lunch, and if so, choose sandwich or salad. **For special accommodations or dietary restrictions, contact Shirley McGraw by 9/1/26**. Onsite registration may have limited availability.

Awards Dinner. ☐ **Yes** ☐ **No, will not be attending**
Friday Box Lunch. ☐ **Yes-Sandwich** **OR** ☐ **Yes-Salad** ☐ **No Box Lunch**

All conference participants including presenters and students must submit conference registration form. 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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