

# 2010 REGIONAL GRANT WORKSHOP REGISTRATION FORM

---

## REGISTRATION INFORMATION

**Please complete the registration form.** To help us plan properly and ensure optimal processing of conference materials, please complete and submit your registration as early as possible.

## METHOD OF PAYMENT

You may pay by check or credit card. **If paying by credit card, complete the form on the back.** Cash is accepted for on-site registration only (receipts will be provided). Your registration cannot be processed without payment.

## SUBSTITUTION & CANCELLATION

Registrants unable to attend may send an alternate; please notify TORCH Foundation of any changes prior to the event. For cancellation, notify us in writing prior to **August 3, 2010**.

## QUESTIONS

For questions regarding registration, confirmation or cancellation, please contact Rose Valenzuela at 512-873-0045 or email at [rose@torchnet.org](mailto:rose@torchnet.org).

**Please type or print clearly. You may attach your business card with this completed form.**

Name (to appear on badge): _____
Title: _____
Hospital / Healthcare Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Additional Participants
2. Name: _____ Title: _____ Email: _____
3. Name: _____ Title: _____ Email: _____
(use additional form for more registrants)

<b>Registration <u>before</u> August 3, 2010 (per person)</b>	<b>If paying by check</b> , make checks payable to: TORCH, And mail form and payment to: PO Box 14547, Austin, TX 78761
TORCH or Foundation Member: <b>\$25</b>	
Non-member: <b>\$35</b>	
<b>Total Amount Enclosed:</b> \$ _____	<b>Or, Credit Card payment ON BACK</b>

**If paying by credit card, complete form on back; if submitting via fax, send both sides of the form to (512) 873-0046.**

**2010 REGIONAL GRANT WORKSHOP REGISTRATION  
TORCH CREDIT CARD PAYMENT FORM**

Please Print Clearly

Total Amount Paid: _____		Date: _____	
Name as it appears on card: _____			
<i>Company and/or Individual Name</i>			
<b>PERSON AUTHORIZED TO CHARGE:</b>			
First Name: _____		Last Name: _____	
Card Type: <input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
Card Number: _____		Expiration Date: _____	
Card Security Code : _____			
<i>3-digit number on back of card, 4-digit on front for AMEX</i>			
Signature Authorizing Charge: _____			
Email Address: _____			
Telephone Number: _____			

**BILLING ADDRESS**

**Please enter the following information exactly as it appears on your credit card statement**

Address: _____			
City: _____	State: _____	Zip: _____	

**Payment cannot be processed unless all information is provided.**