

CRITICAL ACCESS HOSPITAL CONFERENCE REGISTRATION FORM

REGISTRATION INFORMATION

This registration form is for hospitals and healthcare organizations ONLY. All other participants may attend the conference only as an exhibitor and/or as a sponsor (refer to the Exhibitor & Sponsor Opportunities for more information). 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 **June 17, 2009**. Refunds, minus a \$25 processing fee, will be available for notices received by this date. No refunds will be issued for cancellations received after this date. TORCH/Foundation reserves the right to cancel or reschedule the event if deemed necessary; or should a situation beyond the control of TORCH/Foundation arise to prevent holding the conference, TORCH/Foundation will not be held liable for any expenses incurred by the registrants, except for the registration fee, which would be refunded.

QUESTIONS

For questions regarding registration, confirmation or cancellation, please contact Rose Valenzuela at 512-873-0045 or email at 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)

Registration <u>before</u> June 17, 2009 (per person)	Registration <u>after</u> June 17, 2009 (per person)
TORCH or Foundation Member: \$150	TORCH or Foundation Member: \$180
Non-member: \$180	Non-member: \$210
Total Amount Enclosed: \$ _____ Or, Credit Card payment ON BACK	

If paying by check, make checks payable to: TORCH, mail form and payment to: PO Box 14547, Austin, TX 78761

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

TORCH CREDIT CARD PAYMENT

Please Print Clearly

Total Amount Paid:	_____	Date:	_____
Name as it appears on card:	_____		
	<i>Company and/or Individual Name</i>		
PERSON AUTHORIZED TO CHARGE:			
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.