

HITCON/09 HOSPITAL REGISTRATION FORM

REGISTRATION INFORMATION

This registration form is for hospitals and healthcare organizations ONLY. All other participants may attend the conference as an exhibitor or as a sponsor (see the Exhibitor Prospectus & Sponsorship Opportunities for more information). To help us plan properly and ensure timely 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 POLICY

Registrants unable to attend may send an alternate; please notify us of any changes prior to the event. For cancellation, a refund, minus a \$25 processing fee, will be available for notices received by **October 12, 2009**. Refunds will not be issued for cancellations received after this date. TORCH reserves the right to cancel or reschedule the event if deemed necessary; or should a situation beyond the control of TORCH arise to prevent holding the conference, TORCH will not be held liable for any expenses incurred by the registrants, except for the registration fee, which would be refunded in full.

QUESTIONS

For questions regarding registration, confirmation or cancellation, contact Rose Valenzuela at (512) 873-0045 or email at rose@torchnet.org. For all other questions, contact Dawn Haberkorn at (512) 873-0045 or email at dawn.haberkorn@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 _____
4. Name _____	Title _____	Email _____
5. Name _____	Title _____	Email _____

Registration <u>by</u> October 1, 2009	Registration <u>after</u> October 1, 2009
TORCH or Foundation Member: \$175 per person	TORCH or Foundation Member: \$200
Non-member: \$225	Non-member: \$250
Total Amount: \$ _____	

Make checks payable to: TORCH, P.O. 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.

HITCON/09 CREDIT CARD PAYMENT FORM

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: _____			
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.

You may fax the completed form (both sides) to (512) 873-0046