

REGISTRATION FORM

ORGANIZATION INFORMATION: Please complete all applicable blank spaces.

Hospital/Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Primary Contact: _____ Phone: (____) _____ Fax: (____) _____

Webinar Participant(s):

<i>Full Name:</i>	<i>Title:</i>	<i>Email:</i>	<i>Direct Line:</i>
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____

** This form may be duplicated if additional lines are needed.*

***Registration fees found on the TORCHcast "Upcoming Sessions" schedule are on a per login/connection/PC basis and are regularly \$90 for TORCH Members and \$125 for Non-TORCH Members unless otherwise noted.**

SESSION INFORMATION: Specify the title, session number, date/time, number of lines/connections needed & amount of session(s).

<i>Session Title(s):</i>	<i>Session #:</i>	<i>Date:</i>	<i>Time:</i>	<i>Amt per Line:</i>	<i># of Lines:</i>	<i>Total Per Session:</i>
_____	_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	\$ _____

Make checks payable to : TORCH P.O. Box 14547 Austin, TX 78761	Or by Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> American Express Card Number: _____ Exp. Date: _____ Sec Code: _____ Name on Card: _____ Signature: _____ Card billing address if different from the address provided above: Address: _____ City: _____ State: _____ Zip: _____	Amount Total: \$ _____
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*****Please note: To ensure optimal processing, the completed Registration Form AND full payment by check or credit card must be received by TORCH no later than the COB the evening prior to the registered session. Confirmation notification and follow-up information will be sent to the E-mail(s) provided above. This form can be mailed to our office, e-mailed to Dawn@torchnet.org or faxed to (512) 873-0046.**

CANCELLATION & SUBSTITUTION POLICY:

Registrants unable to participate in the registered session may cancel or substitute for another future session. For cancellations, refunds less a \$25 processing fee will be issued. Registrants may elect to substitute for a future session. Please notify Dawn Haberkorn at Dawn@torchnet.org as soon as possible, so that arrangements and adjustments can be made. Any cancellation or substitution **MUST** be requested in writing no later than 24 hours prior to the scheduled session. Refunds will not be made for late notifications. TORCH reserves the right to cancel or reschedule any session if deemed necessary; or should a situation beyond the control of TORCH arise to prevent holding the session. TORCH will notify all registrants of any such changes and a full refund for that session will be issued. For any questions regarding registration or cancellation, please contact Dawn Haberkorn, Director of Education Services, at (512) 873-0045 or Dawn@torchnet.org.

PLEASE JOIN US FOR OUR TORCHcast WEBINAR EDUCATION PROGRAM!

We look forward to your participation!!

FOR TORCH OFFICE ONLY:

Total Payment Due: \$ _____
 Payment Enclosed: \$ _____
 Check or CC: _____
 Date Received: _____
 Date Processed: _____