

2014 TRHA Annual Conference and Agromedicine Workshop

Attendee Registration Form

This registration form is for attendees 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 REGISTER: You may pay by check or credit card. Your registration cannot be processed without payment in full. Registrants unable to attend may send an alternate; please notify TRHA of any changes prior to the event. For cancellation, notify us in writing prior to October 24. 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. TRHA reserves the right to cancel or reschedule the event if deemed necessary; or should a situation beyond the control of TRHA arise to prevent holding the conference, TRHA will not be held liable for any expenses incurred by the registrants, except for the registration fee, which would be refunded. For questions regarding registrations, please contact Gina Richardson at (512) 615-6266 or email at gina@torchnet.org.

TRHA ANNUAL CONFERENCE

\$199 MEMBER (per person)

\$259 NON-MEMBER (per person)

\$50 STUDENT (per person)

AGROMEDICINE WORKSHOP

\$125 HEALTHCARE PROFESSIONALS (per person)

\$75 RESIDENTS/STUDENTS (per person)

Total Amount Enclosed: \$ _____

Mail check made payable to TRHA and mail to: TRHA, PO BOX 203878, Austin, TX 78720-3878.

If paying by credit card, please complete the form below. If submitting by fax, please send to (512) 873-0046.

Badge Name: _____

Title: _____ Email: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

To Pay By Credit Card:

VISA: MC: AMEX: DISCOVER: Exp Date: _____ Security Code: _____

Credit Card Number: _____

Company Name: _____

Person Authorized to Charge: _____

Signature Authorizing Charge: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

Mail or fax form to TRHA: TRHA, PO BOX 203878, Austin, TX 78720-3878. If submitting by fax, please send to (512) 873-0046.