



Texas Association of Advisors for the Health Professions
43rd Annual Meeting
February 9-11, 2012—El Paso
Member Registration Information

Please complete and check the boxes that apply

Member Information	
First Name	
Middle Initial	
Last Name	
Name on Badge	
Title	
Institution	
Email Address	
Fax Number	
Street	
City	
State	
Zip	
Special dietary or physical needs?	
Sponsorship Level (optional)	
Reception	<input type="checkbox"/> \$5,000
Banquet	<input type="checkbox"/> \$5,000
Breakfast	<input type="checkbox"/> \$3,000
Break	<input type="checkbox"/> \$1,500
General	<input type="checkbox"/> \$500
Meeting Events for Attendees (please indicate which you plan to attend, all listed events are located at the Camino Real Hotel)	
JAMP JFD Meeting Thursday, 11:30-2:00 pm	<input type="checkbox"/> Yes
Reception Thursday, 7:00-9:00 pm	<input type="checkbox"/> Yes
Breakfast Friday, 7:30-9:00 am	<input type="checkbox"/> Yes
Lunch Buffet Friday , 12:05-1:00 pm	<input type="checkbox"/> Yes
Awards Banquet Friday, 6:30-9:00 pm	<input type="checkbox"/> Yes
Breakfast Saturday, 7:30-9:00 am	<input type="checkbox"/> Yes

Select all which apply to you (conference attendees/exhibitors only)

I am attending my first TAAHP meeting	<input type="checkbox"/> Yes
I am a 2012 Executive Board Member/Officer	<input type="checkbox"/> Yes
I am a speaker/presenter	<input type="checkbox"/> Yes
I will have an exhibit table at TAAHP	<input type="checkbox"/> Yes
I am a sponsor of TAAHP	<input type="checkbox"/> Yes

Guest Information

First Name	
Middle Initial	
Last Name	
Attending with	

Events and Fees for Guest (Please check events guest will attend)

Thursday Reception	\$30.00	<input type="checkbox"/> Yes
Friday Breakfast	\$20.00	<input type="checkbox"/> Yes
Friday Lunch	\$22.00	<input type="checkbox"/> Yes
Friday Awards Banquet	\$50.00	<input type="checkbox"/> Yes
Saturday Breakfast	\$20.00	<input type="checkbox"/> Yes

Guest Fee Total: \$

Amount Due

Member Registration Fee	\$150.00	
Guest Fees (see above)		
Exhibitor Fee (if applicable)	\$100.00	
Sponsor Fee (if applicable)		

Total Fees Due: \$

Substitutions and Cancellations: If you are unable to attend, contact Brianna Huffman at 915-783-1254 to substitute another person in your place without penalty. You may receive a refund minus **\$50 cancellation fee before January 9, 2012**. Cancellations must be made by email and sent to brianna.huffman@ttuhsc.edu.

All registration fees are non-refundable after January 9, 2012.

Paying by check: Please make check payable to: TTUHSC – **Submit registration form and completed check and mail to:**

Texas Tech University Health Sciences Center

Paul L. Foster School of Medicine

Office of Admissions

5001 El Paso Drive

El Paso, Texas 79905

Hotel Reservations

Please make your hotel reservations directly through the Camino Real Hotel at 915-534-3099. Please identify yourself as a member of the **Texas Association of Advisors to the Health Professions** to receive the TAAHP Conference discounted rates.

Reservations must be made by January 8, 2012 in order to receive the discounted rate

Contact Information

lorraine.james@ttuhsc.edu or 915-783-1256 or brianna.huffman@ttuhsc.edu or 915-783-1254