

2017



MANAGED CARE Conference & Trade Show!

CONNECT. INNOVATE. ACHIEVE.

October 23-25, 2017 | Houston, Texas

ATTENDEE REGISTRATION FORM

Registration Options

<input type="checkbox"/> Member Registration —	\$650	\$ _____
<input type="checkbox"/> Non-member Registration —	\$1000	\$ _____
<input type="checkbox"/> TAHP Health Plan Team Discount Registration — Register and pay for two individuals and receive a third conference registration at 1/2 price. Discount is available for TAHP member health insurance plans only. Please include names of additional attendees in section below. All registrations must be recieved at the same time.		
		\$ _____
<input type="checkbox"/> Single Day Registration —	\$350 members/\$550 non-members (Please specify day: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday)	\$ _____
		TOTAL: \$ _____

Attendee Information

First Name: _____	MI: _____	Last: _____
Title: _____	Company/Org.: _____	
Address: _____	City: _____	State: _____ ZIP: _____
Phone: _____	Fax: _____	
Email: _____		
2nd Attendee: _____	Title: _____	
Email _____		
3rd Attendee: _____	Title: _____	
Email: _____		

Payment

Please return this completed form to Patti Doner via the SUBMIT button below.
You will be billed later with the option to pay online or by check. Thank you.

If you have any problems with the SUBMIT button (some internal security will prevent the button from functioning properly), please feel free to email the completed form to pdoner@tahp.org