



2011 TXRPC Annual Conference Attendee Registration Form

*If needed, attach copies of this form for additional attendees.
Fax completed forms to 210-579-1551, Attn: Alexis*

Attendee:

Name: _____
Address: _____
City/ State/ Zip: _____
Email: _____
Phone: _____ Fax: _____

Circle one of the below:

ONE-DAY
or
FULL CONFERENCE

Wednesday 8/3/11 (*Select One*)

- Reimbursement Session: **MAE Funding in 2011 & Beyond**
- Clinical Session: **Simply Seating**

Thursday 8/4/11 (*Select One*)

- Clinical Session: **Evidence Based Approach to Standing & Gait Training**
- Tech Session: **MWC and PWC Technical Training**

Friday 8/5/11 (*Select One*)

- Clinical Session: **ATP Exam Prep Course**
- General Session: **Medicaid Special Sessions/ Q & A**

Payment Calculation

Please only complete this section one time (for all registrations)

Attach additional attendee sheets if needed - below should total ALL attendee sheets

TXRPC Member Company
of Full-Conference Registrations _____ x \$230.00 = \$ _____
Multiple Attendee Disc _____ x - 30.00 _____
Early Bird Discount before 6/24/11 _____ x - 25.00 _____
of One-Day Registrations _____ x \$115.00 = _____
Total Payment \$ _____

Non-Member Company
of Full-Conference Registrations _____ x \$300.00 = \$ _____
of One-Day Registrations _____ x \$115.00 = _____
Total Payment \$ _____

I would like to be sent information on becoming a TXRPC Member.

Payment Information

Company Name/ Contact Name: _____
Billing Street Address: _____
City/ State/ Zip: _____
Phone: _____ Fax: _____
Email: _____

Payment Type:

- I am mailing Check#: _____
- Charge to Credit Card
Type: Visa MC Amex

TOTAL CHARGES \$ _____

Card #: _____ Exp Date: _____
Name On Card: _____
Signature: _____