South Texas Health and Education Summit  
October 10-11, 2011  
Omni Hotel Colonnade Hotel  
9821 Colonnade Boulevard, San Antonio, Texas 78230  

Summit Registration Form

First Name __________________________  Last Name __________________________

Job title __________________________  Organization/Company/Employer __________________________

Organization Mailing Address __________________________

City __________________________  County /State __________________________  Zip Code __________________________

Daytime Phone __________________________  Cell Phone __________________________  Fax __________________________

E-mail __________________________

Name (As it will appear on Badge if Different from above) __________________________

Please check the category that best describes your profession:

Elected Official ______  City/County Official ______  Community Leader ______

Health Care Professional ______  Health Care Provider/Administrator ______

Educator ______  Student ______  Other ______

Special Assistance/Dietary Requirements

If you require special assistance or accommodations due to a disability, please attach your requirements to the registration form. Please inform us if you are vegetarian.

Registration Fee:

Before August 31, 2011 $175.00 Paid on __________________________

After August 31st & On-Site $200.00 Paid on __________________________

Complete one form for each participant and mail with check, money order or agency purchase voucher payable to: South Coastal AHEC

2222 Morgan Ave. Suite 114  
Corpus Christi, Texas  78405

For Additional Information: Call (210)567-7807 or visit www.uthsca.edu/cstp

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