



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.uthscsa.edu/cstp