



Texas Ambulatory  
Surgery Center Society

2011 TEXAS AMBULATORY SURGERY CENTER SOCIETY  
SUMMER SUMMIT  
AUGUST 25, 2011  
WESTIN PARK CENTRAL - DALLAS

## DALLAS REGISTRATION FORM

**\*\* Your facility must be a current TASCS member in order to access the TASCS discount rate.  
\*\* Please include your e-mail address to receive notices about the event.**

Company: \_\_\_\_\_ TASCS Member?  Yes  No

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Please register the following:*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

### REGISTRATION FEES:

### BEFORE AUG 1

### AFTER AUG 1

<input type="checkbox"/> <b>Member Registration:</b> 1 <sup>st</sup> Registration	\$100	\$150
- Additional Registrations from same facility	___ @ \$75 each	___ @ \$125 each
<input type="checkbox"/> <b>Non-Member Registration</b>	\$350 each	\$450 each

Total Fees: \$ \_\_\_\_\_

### PAYMENT INFORMATION

Check Enclosed: \_\_\_\_\_ or  VISA  MC  AMEX

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Security Code: \_\_\_\_\_ (3 digit code from back of VISA.MC, 4 digit code on front of AMEX)

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail registration to TASCS or Fax to (512) 370-1626.

TASCS \* 401 W. 15<sup>th</sup> Street \* Austin, TX 78702 \* (512) 469-7900 \* (512) 370-1626 (fax)