



**2011 TEXAS AMBULATORY SURGERY CENTER SOCIETY
STATE OF THE STATE CONFERENCE
JANUARY 31 - FEBRUARY 1, 2011
W HOTEL, AUSTIN, TEXAS**

REGISTRATION FORM

Company/ASC: _____ **TASCS Member?** Yes No

Address: _____

Phone: _____ **Fax:** _____

Please register the following:

Name: _____ **Email:** _____

Yes, I want to go to the Capitol to meet lawmakers

Name: _____ **Email:** _____

Yes, I want to go to the Capitol to meet lawmakers

Name: _____ **Email:** _____

Yes, I want to go to the Capitol to meet lawmakers

REGISTRATION FEES:	ON OR BEFORE JANUARY 28TH	AFTER JANUARY 28TH /ON-SITE
(circle registration fee)		
TASCS Member	\$50	\$65
Non-Member	\$100	\$125
Total: \$ _____		

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:** _____

Email (to receive a credit card receipt): _____

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

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