

**Infection Control Program Registration Form**

**TASCS Summer Summit | August 20, 2009**

**Houston Four Seasons | 2:00 p.m. – 4:00 p.m.**

2 Contact Hours

Complete registration for each attendee

ASC \_\_\_\_\_

TASCS Member?  Yes  No

ASC Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

AORN Membership Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP code \_\_\_\_\_

Email address \_\_\_\_\_

Member Registration \_\_\_\_\_ @ \$30

Non-Member Registration \_\_\_\_\_ @ \$60

**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.**