



REGISTRATION FORM

**** Your facility must be a current TASCS member in order to access the TASCS discount rate.**

ASC: _____ 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"/> Member Registration: 1 st Registration	\$100	\$150
- Additional Registrations from same facility	___ @ \$50 each	___ @ \$100 each
<input type="checkbox"/> Non-Member Registration	\$350 each	\$395 each
- No discount for multiple attendees		

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