

CONVENTION REGISTRATION FORM



MAINSTREAMING TELEMEDICINE: UNDERSTANDING SUSTAINED OPERATIONS

Galveston Island Convention Center at the San Luis Resort
Galveston, Texas
November 12-13, 2007

Lines 1, 5, and 6 will appear on badge.

1. _____
Prefix (Dr., Ms., Mr.) First Name Middle Initial Last Name

2. _____
Mailing/Street Address

3. _____
City State/Province Zip/Postal Code Country (If not U.S.)

4. _____
Daytime Phone Email Address

5. _____
Title & Institution

6. _____
City (if different from line 3) State/Province Zip/Postal Code Country (If not U.S.)

7. **Person with disability** (leave blank if not disabled) _____
It is the policy of UTMB to fully comply with the Rehabilitation Act and the Americans with Disabilities Act. Reasonable accommodations will be made for any participant with a disability. Please inform us of any special needs:

8. **Registration Fee:**
Registration is not limited. Onsite registration is available. Registration fee for the entire conference or any portion thereof, is **\$295 USD** and includes all meals and receptions.
Amount Enclosed: \$ _____ Make check or money order payable to **UTMB** or fill out Credit Card Payment Authorization Form below.
Please check box if you are a conference speaker

Mail form & payment to: **The AT&T Center for Telehealth Research and Policy at UTMB, UTMB Electronic Health Network**
Attn: Conference Registration
301 University Blvd., Galveston, TX 77555-1042

9. **Cancellations and Refunds:** Cancellations must be received prior to November 1, 2007. There will be a cancellation fee of \$50 for ALL cancellations. No refunds will be available after the deadline, but a substitute participant may attend in place of the cancelling participant.

10. **Would you like to receive information about future educational or meeting activities?**
By fax: Yes No By mail: Yes No By email: Yes No

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CREDIT CARD PAYMENT AUTHORIZATION FORM

I authorize the AT&T Center for Telehealth Research and Policy at UTMB to charge my (circle one): VISA MasterCard American Express for the 2007 conference fees as indicated below:

Name (as it appears on credit card)	Fee to be charged: \$ (registration fee)
Billing Address (cardholder)	Daytime Phone Number
Credit Card Number	Name of Registrant (if different from cardholder)
Expiration Date	Cardholder Signature

