

Registration Form

Return form to: TOA, 401 West 15th Street, Ste. 820, Austin, TX 78701 or fax to (866) 864-1568.

SECTION 1: ENROLLEE INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

SECTION 2: REGISTRATION

Physicians/Students

- TOA Member
- Texas resident, student, fellow
- TOA Nonmember

Guests

- TOA member's family
- TOA invited speaker/guest

SECTION 3: MEETINGS & EVENTS

Thursday, May 10th

- Billing and Collections Course

Friday, May 11th

- Legislative Briefing and Capitol Visits
- Friday Luncheon
- Clinician-Patient Communication Course
- Workers' Compensation Seminar
- Friday Evening Reception _____ # of Addnl. Guests

Saturday, May 12th

- Scientific Session AM
- Saturday Luncheon
- Scientific Session PM

Sunday, May 13th

- Four Seasons Mothers' Day Brunch

Special Events

- Tour the Bob Bullock Texas State History Museum (Friday)
- Visit the Austin Children's Museum (Friday)