

HSAE January Meeting

January 28, 2010

Fax or Mail Registration Form to:
TSAE | 3724 Executive Center Drive, Ste 150 | Austin, TX 78731
fax (512) 444-5821 | ph (512) 444-1974

Please provide the following information.

First Name _____ Last Name _____
Nickname for badge _____ Title _____
Association/Organization _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Check if you require special requirements to participate or if you have special dietary needs.
Please attach a written description of your needs.

Registration Fees (Please check one.)

	Regular Rate (Before 1/26/10)	Late/Onsite Rate (On or After 1/26/10)
HSAE Member Registration		
<input type="checkbox"/> Registrant.....	\$35	\$45
HSAE Non-Member Registration		
<input type="checkbox"/> Registrant.....	\$40	\$50

Payment Method

Check Check Number _____
 Credit Card: VISA MasterCard American Express
Card Number _____ Exp. Date _____
CCV Number (3 digits on back or 4 on front) _____
Billing Address _____
Name on card _____ Signature _____