

# 30<sup>th</sup> Annual SWAHAP Medical Congress November 13-14, 2009

## REGISTRATION FORM *Register by November 9, 2009*

Name: \_\_\_\_\_-

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Title/Dept/Specialty: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Detach this form, include your payment, and mail to:

SWAHAP, 1444 Montana, Suite. 101, El Paso, Texas 79902

**No credit cards accepted. Make checks payable to SWAHAP**

**For information call 915-532-9494 Fax: 915-532-7474**

Registration Fees	DAY ONE	DAY TWO	BOTH DAYS	
SWAHAP Members	Dues must be paid prior to October 31 <sup>st</sup> or a \$50 late fee will be charged. Registration is required. Days Attending _____			
Non Members and Others: Do not mail your registration to be received after November 9, 2009. <b>Registration and payment after November 9 will be taken at the door only.</b>				
	DAY ONE	DAY TWO	BOTH DAYS	
Non Member Physicians	\$200.00	\$175.00	\$350.00	Days Attending _____
Non Physicians	\$120.00	\$ 80.00	\$175.00	Days Attending _____
Residents/Students	\$ 35.00	\$ 25.00	\$ 50.00	Days Attending _____ ID required: Friday & Saturday education only. Non-credit for students.

Amount enclosed \$ \_\_\_\_\_

**Physicians who wish to become a SWAHAP member, a fee of \$300 for dues will cover the registration cost, but registration is required before October 31, 2009.**

**Registration Policy:** The registration fee for the conference includes materials, continental breakfast both days, and lunch the first day. **All cancellations must be made in writing and must be received on or before November 9, 2009 in order to obtain a refund, less a \$50.00 processing fee for each registration day. After this date absolutely no refunds.**