

29th Annual SWAHAP Medical Congress November 14-15, 2008

REGISTRATION FORM *Register by November 10, 2008*

Name: _____

Address: _____

City/State/Zip: _____ Unique ID # _____

Employer: _____

Title/Dept/Specialty: _____

Business Phone: _____ Home Phone: _____

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

SWAHAP, 1444 Montana, Ste. 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 st 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 10, 2008. Registration and payment after November 10 will be taken at the door only.				
	DAY ONE	DAY TWO	BOTH DAYS	
Non Member Physicians	\$200.00	\$150.00	\$325.00	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. No credit for students.			

Amount enclosed \$ _____

Physicians who wish to become a SWAHAP member, a fee of \$250 for dues will cover the registration cost, but registration is required before October 31, 2008.

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 10, 2008 in order to obtain a refund, less a \$50.00 processing fee for each registration day. After this date absolutely no refunds.**