MEETING REGISTRATION FORM

Name ____________________________________________________________

Company ____________________________________________________________________

Address ___________________________ City ____________ State ______ Zip ______

Email Address ____________________________ Phone Number: ______________________

☐ STC-HPS Member Full Registration $80

☐ Non-Member Full Registration $100

☐ STC-HPS Member Full Registration at the door $90

☐ Non-Member Full Registration at the door $120

☐ Student Registration $20.00

☐ Additional Reception Guest $15.00

☐ Additional Lunch Guest $25.00

Reception: Will you be attending the reception? ____ YES ____ NO

Will you be bringing a guest to the reception? ____ YES ____ NO

CEUs: I am requesting the following CEU certificate(s): ____ LMP ____ CHP

REGISTER ONLINE AT WWW.STC-HPS.ORG or mail this completed form (to arrive at STC-HPS before August 25, 2019) with your check (made payable to STC-HPS) or credit card information (Visa, MasterCard, American Express, Discover) to:

STC-HPS
P.O. Box 29021
San Antonio, TX 78229

Card Number: ___________________________________________________________________
Expiration Date: __________________________________________________________________
Signature: ______________________________________________________________________
Phone Number: __________________________________________________________________

Click On-Line Registration to register online.