



EDUCATION FOUNDATION

1500 Village West Dr #58

Austin TX, 78733

FAX# 512-263-7265

REGISTRATION FORM

IV Therapy: *Management, Complications and Legal Consequences*

Please check the location and date you will be attending:

- | | |
|---|--|
| <input type="checkbox"/> San Antonio, Texas | <input type="checkbox"/> Austin, Texas |
| Thursday, January 29, 2009 | Friday January 30, 2009 |
| La Quinta Inn & Medical Center | University of Texas at Austin |
| 4431 Horizon Hill Blvd | Joe C. Thompson Conference Ct |
| San Antonio, Texas 78229 | SW corner Dean Keeton & Red River |

Please complete the registration form below for each attendee (please print clearly)

First Name: _____ Last Name: _____

Address: _____

City: _____ Texas Zip code: _____

Phone: (____) _____ Alternate phone: (____) _____

E-mail: _____

Payment Method:

Course Fee: \$ 99.00
Group of 3 or more \$ 94.00

Mailing Check Payable to: GrayCat Education Foundation
1500 Village West Dr #58
Austin TX, 78733 (Must be received by January 28th)

VISA Master Card American Express _____ 3-4 digit verification code

Credit card # _____ Exp Date: _____

Cardholder name: _____ (if different from above)

Cardholder address: _____ (if different from above)

Signature: _____

Group pre-registration rate: \$94.00 per person. To qualify, 3 or more must submit together. Please list names of all registrants. Attendees requiring special accommodation must advise GrayCat Education Foundation at least 10 days in advance. Registrants canceling up to 7 days before a seminar will receive tuition refund less a \$25.00 administration fee. If a seminar cannot be held due to reasons beyond our control refunds will not be granted. The seminar will be rescheduled or you may attend another GrayCat course offering. A \$25.00 service charge applies to each returned check.