

CHAT REGISTRATION FORM November 5-6, 2010, AUSTIN, TX

Online registration is quick and easy! Credit cards accepted online.
www.dellchildrens.net/CHAT

Registration deadline: October 22nd, 2010

Registration includes conference admission, materials, refreshments and lunch.

Please Print Legibly

Name: _____ Credentials: _____

Employer: _____

Address: _____ St. _____ Zip _____

Email: _____

Phone: _____

Please indicate if a special diet is required: _____

Registering for:

- Early Registration (postmarked by October 14th, 2010) Friday (1day) \$150 Friday/Saturday \$200
- Registration after October 14th Friday (1day) \$200 Friday/Saturday \$ 250
- Poster Presenter Registration Friday (1day) \$110 Friday/Saturday \$ 160
- Scholarship Recipient

Breakout Sessions	Session #1	Session #2	Session #3	Session #4	Session #5
Choice					

Attending Hospital Tour/Reception Friday Evening? (free with registration) Yes No

Send completed registration form and payment to:

Dell Children's Medical Center of Central Texas
Attn: Jennifer Harrison
4900 Mueller Blvd, Austin, TX 78723

Make checks payable to: Dell Children's Medical Center

Please retain a copy of this registration form for your records. You will receive email confirmation of your registration.

Cancellation / Refunds

Refunds must be requested in writing by October 28, 2010. A processing fee of \$25.00 will be assessed for all cancellations. No refunds will be given after October 28, 2010. We reserve the right to reschedule or cancel the conference and/or any individual presentation.

Contact Information

Jennifer Harrison, Jharrison@seton.org

