



**East Texas Association of Health Underwriters
13th Annual Sales Symposium
"Keep Your Eye on the Goal!"**

Wednesday, September 15, 2010, Tyler Rose Garden Center
7:30 a.m. to 4:00 p.m. Breakfast & Lunch Buffet
Registration with vendors will begin at 7:00 a.m.

Individual Registration Form

Name _____ Company Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____
E-mail _____

Registration Fees:

_____ \$75 per ETAHU member

_____ \$125 per non-member OR \$50 with completed new FULL member application
submitted with registration!

Method of Payment: _____ Check Enclosed (Payable to ETAHU) or Credit Card*

Charge my credit card in the amount of \$ _____ as follows (circle one):

Master Card Visa American Express Discover

Cardholder Name _____

Card Number _____

VAL Code (3- or 4-digit code on card) _____ Exp. Date _____

Signature _____

I authorize ETAHU to charge my credit card in the above amount.
I understand that my billing statement will read "East Texas Health Underwriters."

***Credit card payments will incur an additional 3.25% processing fee.**

Please mail this form with payment to:
ETAHU, PO Box 133214, Tyler, TX 75713-3214
Your form may be e-mailed back to *Cynthia at the address below*

If you have any questions, please contact:
Cynthia Swanson— 903.581.0077— cswanson@threlkeld.com