



texas homeless network conference registration form

September 4-7, 2007, Dallas, Texas
 Omni Dallas Hotel
 1590 Lyndon B Johnson Fwy 75234
 (972) 869-4300
 \$85/single \$115/double

Individual Registration Form (Organization registration on reverse side)

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip Code _____ County: _____

Telephone _____ Fax _____

Email _____

<i>2007 Conference Registration Fees</i>		Amount Due:
		\$ _____
<i>Member levels:</i>		\$ _____
Advocate:	\$300	
Partner:	\$270	
Innovator:	\$225	
Visionary:	\$150	\$ _____
		\$ _____
<i>Non-Member:</i>	\$375	\$ _____
		\$ _____
Pre-Conference Events:	\$35/Education Symposium	\$ _____
<i>Wednesday, September 5</i>	\$35/PATH Program	\$ _____
Presenter Fees:		
Day of presentation	Free	
Full conference participation	\$200	\$ _____
	<i>Total from reverse side:</i>	\$ _____
	TOTAL:	\$ _____

***To qualify for the "Early Bird" rate, registration must be received at THN by close of business July 13, 2007.**
Payment: Check, purchase order, or credit card information must accompany this registration form. Make checks payable to *Texas Homeless Network*. **Cancellations:** Must be submitted in writing by August 15, 2007. Fees cannot be refunded after August 15, 2007. A handling charge of \$50 per person will apply to all cancellation requests.

THN member organization registration

Organization _____

Address _____

City _____ State _____ Zip Code _____ County _____

Telephone _____ Fax _____

	Regular	\$ Due
1. Name/Title _____ Email _____	\$275	_____
2. Name/Title _____ Email _____	\$275	_____
3. Name/Title _____ Email _____	\$275	_____
4. Name/Title _____ Email _____	\$275	_____
5. Name/Title _____ Email _____	\$275	_____

Total: _____

**If you are sending more than 5 conference attendees, please continue attendees names on another form.*

Paying by credit card or purchase order?

Please charge \$ _____ to my: Visa Mastercard AmEx

Card # _____ Expiration Date _____ 3# Code (on back) _____

Name on card _____ Organization _____

Signature _____

Purchase Order # _____

You should receive a confirmation within a week.

If you have not received a confirmation within this time frame, please call 512.687.5104 for assistance.

Please send full payment with conference registration form
to the following address or fill out creditcard information above.

Fax or mail to: Texas Homeless Network, Conference Registration

1713 Fortview Rd | Austin, TX | 78704

Fax: (512) 478-9077 Phone: (512) 482-8270 Federal Tax ID 74-2646586