



TSGE 35TH ANNUAL TEXAS PROGRAM REGISTRATION FORM

Friday-Sunday, September 24 – 26, 2010 • Moody Gardens Hotel, Galveston, TX



Save by registering early!

Go to www.tsge.org to register online

1

Name: _____
First Last Designation (i.e., MD, DO, RN, PA)

Company/Institution Name: _____

Mailing Address: _____

City, State, Zip: _____

Check here if this is a NEW address for TSGE mailings

E-mail: _____

Daytime Phone: _____ Fax _____

A confirmation will be emailed to you.

2

Registration for Conference (please check appropriate box and circle amount due)

	By Sept. 10	After Sept. 10	
<input type="checkbox"/> TSGE Physician Member	\$250	\$275	
<input type="checkbox"/> Physician in Training (Fellow)* <i>*Non-members should send verification of training status with this registration.</i>	Free for Members	Free for Members	<i>(includes registration in Fellows' Symposium)</i>
<input type="checkbox"/> Nurse/PA/Tech	\$125	\$150	
<input type="checkbox"/> Non Member Physician	\$400	\$450	

You can register online at www.tsge.org



Special offer for non-members: apply for TSGE membership and attend the conference at the reduced member rate. Check this box and return your registration and fee at the *member rate*. An application for membership will be sent to you with your meeting confirmation. Dues are \$125/year. Reduced rate contingent upon completed application.

Amount Due for Registration: \$ _____

3

Social Events

Saturday evening Welcome Reception in the Moody Aquarium
Heavy appetizers and 2 drink tickets

Yes No How many will attend? _____ @ \$10 each = \$ _____
(Children under age 10 - no charge) # children _____

Tickets for Moody Attractions Passes _____ @ \$41 each = \$ _____

Saturday Luncheon

Yes No

Grand Total (Registration & Social Event) \$ _____



Please mail or fax this form to:

Texas Society for Gastroenterology and Endoscopy

Attn: Amy Lawson, Meeting Registrar

(512) 370-1626 (fax)

(512) 370-1533 (phone)

401 W. 15th St.

Austin, TX 78701

meetings@texmed.org



4

Method of Payment:

Check (please make payable to TSGE)

Credit Card: American Express MasterCard Visa

Number: _____ Exp. Date: _____

Name on Card: _____ Security code: _____

Signature: _____

***If you need special assistance of any kind, including vegetarian meals, please contact Amy Lawson at (512) 370-1533 or meetings@tsge.org with your needs.*

Refunds: Written notice of cancellation must be received by August 28, 2010 in order to avoid a \$25 processing fee.

Registration Deadline: Sept. 10. Hotel Deadline: Sept. 2.