



**UT Health’s 22nd Annual Respiratory Care Symposium
 “Respiratory Therapists: Partners in Health”
 March 23-24, 2017**

PARTICIPANT REGISTRATION FORM

PARTICIPANT INFORMATION:

Name: _____ Credentials: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

ATTENDANCE OPTIONS:

	<u>One Day</u>	<u>Two Day</u>
<u>AARC/TSRC Member:</u>	_____ \$ 100.00	_____ \$ 150.00
<u>General Participant</u>	_____ \$ 130.00	_____ \$ 180.00
<u>UTHSCSA RT Alumni</u>	_____ \$ 80.00	_____ \$ 130.00
<u>Student</u>	_____ \$ 30.00	_____ \$ 40.00
<u>Active Duty Military</u>	_____ \$ 40.00	_____ \$ 50.00
CRCE Pending Approval for 12 Hrs	On-Site Registration – add \$30.00	

PAYMENT INFORMATION:

- Registration and credit card payments:
<https://makelivesbetter.uthscsa.edu/sslpage.aspx?pid=1143>
- Mail checks to:
 UTHSCSA, Department of Health Sciences
 7703 Floyd Curl Drive – MC 6248
 San Antonio, TX 78229
- Make checks payable to “UTHSCSA – Respiratory Care”



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 Patti Schermerhorn

LOCATION:

Pearl Stables
 307 Pearl Parkway, San Antonio, TX 78215

For More Information – (210) 567-7960