

# 2010 LONESTAR HME CONFERENCE AND LUNCHEON

April 26th, 2010 8:30 am-4:30 pm  
Crowne Plaza - Dallas Market Center  
7050 N. Stemmons Freeway  
Dallas, TX 75247



Presented by:

**THOMPSON  
COE**

## FEES

Members (and Member Employees) \$99 each  
Non-Members \$99 each through March 31, 2010 (postmark by date)  
\$129 each April 1-April 18, 2010 (postmark by date)  
\$159 each April 19 through date of the Conference

## REGISTRATION

Please provide all of the requested information.

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attendee Names & Titles: \_\_\_\_\_

Email: \_\_\_\_\_

Please provide email for each attendee

*A seated lunch will be provided as well as a Networking Happy Hour from 4:30 pm - 6:30 pm.*

Will you be attending the Networking event? \_\_\_\_\_ Number of attendees for Networking event: \_\_\_\_\_

## TOTAL DUE

Members \_\_\_\_ x \$99 = \_\_\_\_ or Non-Member \_\_\_\_ x Amount by Date = \_\_\_\_

Payment:  Check# \_\_\_\_\_ From (made payable to TAHCS) \_\_\_\_\_

MasterCard or Visa ONLY # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Security Code (3 digits for MC and Visa) \_\_\_\_\_ (Your Credit Card statement will read Dallas Oxygen)

Signature of Card Holder \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Please fax credit card applications to 972-680-0513 and forward inquiries to Barry@TAHCS.org

Send checks to PO Box 382374, Duncanville, Texas 75138

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