

APPLICATION AND CONTRACT

We invite you to participate in the TCEP 2011 EMS Medical Director's Seminar. Don't miss this opportunity to interact with Medical Directors from across the state. Since sponsorships are limited, contact the TCEP office as soon as possible. Fax this form to 512/329-8943 or send to 2525 Wallingwood Dr. Bldg 13A, Austin, TX 78746.

Company Name _____
Address _____
City, State, Zip _____
Phone _____ Fax _____
Contact Person _____

Fee Schedule

Faculty Grants	\$2,000	_____
Co-Sponsor Lunch Break & 6' Table	\$1,000	_____
6' Table	\$500	_____
TOTAL		_____

Mailing Labels

TCEP is now offering self-adhesive mailing labels of its membership roster. This is an exclusive, current list of Emergency Physician members in Texas, updated on a monthly basis. Order the entire list or a specific region of the state. Call the Chapter office for prices and policy information.



TCEP

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512/329-8943-Fax
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www.texacep.org

Please Invoice
 Check included in the amount of _____
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Account# _____
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