



FALL EXHIBIT/SPONSOR APPLICATION & AGREEMENT — *Please complete both sides.*

TORCH/TARHC

FALL CONFERENCE

September 23 - 26, 2024 // Kalahari Resort in Round Rock



Texas Association of
Rural Health Clinics

All applicable blank spaces must be completed. Please type or print legibly.

Company/Organization Name: _____

Point of Contact Person: _____ Email: _____

Are you attending the conference? Yes No Do you need a badge? Yes No

Name of Attendee: _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

2024-2025 CORPORATE MEMBERSHIP DUES MUST BE PAID TO RECEIVE MEMBER PRICING.

- 5K Run/Walk** – \$35 each T-shirt size(s) _____
- Lazy Man Beer/Donut Fun Run/Walk** – \$30 each (no T-shirt)

Additional representatives must be registered using the Additional Registration Form adding a \$250 fee for each added registrant.

Other Conference Sponsorship: (PLEASE LIST)

General Sponsor-Non Exhibiting \$1750/mbr or \$2000/non-mbr

When paying by credit card, please complete the credit card authorization form and email to TORCH.

Will participate in the conference as checked, but do not require exhibit space:

*Please email this completed form with your credit card payment by **August 31, 2024.***

To: **accounting@torchnet.org**

For cancellation, notify us in writing prior to August 31, 2024.

Refunds, minus a \$100 processing fee, will be available for notices received by this date. No refunds will be issued for cancellations received after this date. Please call the TORCH office at (512) 873-0045 with questions.

Representatives of companies not exhibiting or sponsoring will be permitted to participate only at the same levels and amounts as exhibitors listed above and can take advantage of networking opportunities to discuss their product/service.

FILL OUT ADDITIONAL ATTENDEE FORM FOR MORE ATTENDEES FROM SAME COMPANY/ORGANIZATION.

VENDORS MAY NOT ATTEND AT THE REGULAR ATTENDEE REGISTRATION FEE.

TORCH/TARHC FALL CONFERENCE CREDIT CARD INFORMATION

REGISTRATION INFORMATION

First Name: _____

Last Name: _____

Address: _____

City: _____

State/ZIP: _____

Phone: _____

Email: _____

CREDIT CARD INFORMATION

Name (as it appears on card): _____

Company Name: _____

Amount paid: _____ Date: _____

Card Number: _____

Expiration Date: _____ Security Code: _____ ZIP Code: _____