



# 2010 World Series of CBAHU Sales Symposium

Friday, September 17, 2010  
Hilton Garden Inn - on SPID



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## Individual Registration Form

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Name: \_\_\_\_\_ Name for Badge: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### REGISTRATION FEES Early Bird (until 9-13-10)

**CBAHU Member**  
 \$75 Early Bird x \_\_\_\_\_ # of attendees      \$90 Standard x \_\_\_\_\_ # of attendees      Total \$ \_\_\_\_\_

**Non-Member**  
 \$125 Early Bird x \_\_\_\_\_ # of attendees      \$140 Standard x \_\_\_\_\_ # of attendees      Total \$ \_\_\_\_\_

**Grandfathered**  
 \$35 Early Bird x \_\_\_\_\_ # of attendees      \$45 Standard x \_\_\_\_\_ # of attendees      Total \$ \_\_\_\_\_

**CBAHU Member Guest** - \$35 x \_\_\_\_\_ # of attendees      Total \$ \_\_\_\_\_  
**Corporate Tables** - \$400 for a table of 5 x \_\_\_\_\_ # of tables      Total \$ \_\_\_\_\_

Method of Payment: \$ \_\_\_\_\_ Check enclosed (Payable to CBAHU) or credit card payment:

Credit Card payments will incur a 4% processing fee

Charge my credit card in the amount of \$ \_\_\_\_\_ as follows (circle one):

MasterCard      Visa      American Express      Discover

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Signature: \_\_\_\_\_

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

VAL Code (3 digit code on back) (AE on front)      Exp. Date: \_\_\_\_\_

Complete all information and mail form to:  
 CBAHU, c/o Elsie Gaertner, P. O. Box 2020, Corpus Christi, TX 78403 elsiefg@swbell.net

For more information please contact Polly Harris at (361) 852-9000

# Coastal Bend Association of Health Underwriters

