



# Workshop Registration Form

Fax your completed form to: **512-506-7002**, or mail to:

Texas Medicaid & Healthcare Partnership  
Provider Relations  
P.O. Box 204270  
Austin, TX 78720-4270

Name of Workshop: \_\_\_\_\_

Date of Workshop: \_\_\_\_\_ Workshop City: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider ID #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_ Email Address: \_\_\_\_\_

Seating and materials are limited so we ask that you **RSVP at least 10 days prior to the workshop date**. Persons with special needs attending these workshops who may need auxiliary aids or services or persons changing registration should contact TMHP's workshop voicemail at **512-506-7810** one week prior to the workshop, so the appropriate arrangements can be made.

Confirmation of registration is not provided due to the large volume of registrations received. **All TMHP workshops are free of charge.**

(Please NO phone registrations)