



Workshop Registration Form

Fax your completed form to: **512-506-7002**.

Name of Workshop: _____

Date(s) of Workshop: _____ Workshop Time(s): _____

Workshop City: _____

Medicaid/CSHCN Services Program Provider Name: _____

Contact Person: _____ Contact 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 Texas Medicaid & CSHCN Services Program workshops are free of charge.**

Telephone registrations cannot be processed. Complete and fax registration form to: **512-506-7002**.