



25th Annual Scott Haug Hill Country Audiology Retreat
Corporate Sponsor Registration Form
September 17th to 20th, 2009; www.scotthaug.org

Send completed form and payment to: Scott Haug Foundation- PO Box 2836; Red Oak, TX 75154

Company Name: _____ Telephone: _____

Primary Representative: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Conference Information:

Name badge preference: _____ Spouse name badge, if applies: _____

Will you be arriving in time for lunch on Thursday? Yes No

Last meal at conference: (Check day and meal) Thursday Friday Saturday Sunday
 Breakfast Lunch Dinner

Check all that apply: This is my first retreat
 Prefer vegetarian meals
 Need assistive devices/services. Specify: _____

Option A: \$600 Sponsorship

- Includes \$365 registration fee of ONE Representative
- Booth/Table space for the Thursday evening Corporate Sponsor Wine & Cheese event
- Sponsorship of the "Casa" Hospitality room throughout the retreat.
- Recognition at the retreat as a Corporate Sponsor.
- Retreat continuing education
- Scott Haug Foundation membership for one representative
- Includes meals, breaks, evening entertainment, and access to the Casa for one Representative

Option B: \$200 Sponsorship

- Does not include conference attendance
- Sponsorship of the "Casa" Hospitality room throughout the retreat.
- Recognition at the retreat as a Corporate Sponsor.

Each Additional Representative: \$365 each

(Please complete conference information below for each additional attendee)

- Includes registration fee of one extra Representative
- Includes meals, breaks, evening entertainment, and access to the Casa for one Representative
- Sponsorship of the "Casa" Hospitality room throughout the retreat.
- Recognition at the retreat as a Corporate Sponsor.
- Retreat continuing education

Spouse Fee: \$175 each

- Includes meals, breaks, evening entertainment, and access to the Casa for one Spouse

Refund policy: 100% refund will be issued for cancellations prior to September 1st

Hotel reservations can be made by calling TBarM Ranch & Resort ~ 1.800.292.5469

Conference Information:

Additional Representative: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Name badge preference: _____ Spouse name badge, if applies: _____

Will you be arriving in time for lunch on Thursday? Yes No

Last meal at conference: (Check day and meal) Thursday Friday Saturday Sunday
 Breakfast Lunch Dinner

Check all that apply:

- This is my first retreat
- Prefer vegetarian meals
- Need assistive devices/services. Specify: _____

Conference Information:

Additional Representative: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Name badge preference: _____ Spouse name badge, if applies: _____

Will you be arriving in time for lunch on Thursday? Yes No

Last meal at conference: (Check day and meal) Thursday Friday Saturday Sunday
 Breakfast Lunch Dinner

Check all that apply:

- This is my first retreat
- Prefer vegetarian meals
- Need assistive devices/services. Specify: _____

Conference Information:

Additional Representative: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Name badge preference: _____ Spouse name badge, if applies: _____

Will you be arriving in time for lunch on Thursday? Yes No

Last meal at conference: (Check day and meal) Thursday Friday Saturday Sunday
 Breakfast Lunch Dinner

Check all that apply:

- This is my first retreat
- Prefer vegetarian meals
- Need assistive devices/services. Specify: _____

If you would like additional representatives to attend, please copy this form and complete for each person attending

TOTAL FEES DUE

- Option A @ \$600 \$ _____
- Option B @ \$200 \$ _____
- Additional Representatives \$365 X Qty _____ = \$ _____
- Spouse Fee \$175X Qty _____ = \$ _____
- Golf \$35 X Qty _____ = \$ _____
- Tubing \$20 X Qty _____ = \$ _____

TOTAL= \$ _____

PAYMENT METHOD

- Check enclosed # _____
- SHF accepts Visa & MasterCard!**
- CC# _____
- Billing Zip code _____ Exp. ___/___/___
- Signature _____