

SOUTH PADRE ISLAND TEXAS

2021 STAHU Medicare & Employee Benefits Summit

Registration Form

Name: _____

Phone: Office (____) _____ - _____ Cell (____) _____ - _____

Email: _____

Address: _____

City _____ State _____ Zip Code _____

Check all that you will attending

_____ Summit \$65.00

_____ SPI Sunset Bay Cruise \$ 0.00

Paying by check *Please print this page and mail this form and your check to the address below listed in San Juan. [You may also scan and email to: elopezjr2005@yahoo.com](mailto:elopezjr2005@yahoo.com)*

Make checks payable to STAHU.

*South Texas Association of Health Underwriters
c/o Ernesto Lopez – Treasurer
P.O. Box 2214
San Juan, TX 78589*

*Contact Information below:
email: elopezjr2005@yahoo.com
Phone #: 956-533-0177*

Credit card payment.

Charge my credit card \$ _____ *Please note there is a processing fee of 3.25% on all credit card transactions.*

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