

STAHU Medicare & Employee Benefits Summit – September 16-17, 2021

Sponsor Registration Form

Company name: _____

Product/Service: _____

Contact name: _____ Title _____

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

Email: _____

Address: _____

City _____ State _____ Zip Code _____

Onsite Coordinator name: _____ Title _____

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

Email: _____

Sponsorship Category: _____ Cost: \$ _____

Additional Comments

Additional attendee registrations _____ x **\$50 each** = \$ _____ Total: \$ _____

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.*

Cardholder Name: _____

Credit Card # _____ Expiration Date: _____ Val. Code _____

Cardholder Address: _____ City/State: _____ Zip _____

Check one: Visa MasterCard American Express

Signature: _____ Date: _____