

## Health Occupation Students of America TOUR REGISTRATION FORM

**MAIL OR FAX TO:**

C HORTON PRODUCTIONS Meeting & Event Services  
4132 Fawnhollow Drive  
Dallas, TX 75244  
Attn: Kristy Popken, Operations Manager  
Phone: 214-357-8992  
Fax: 214-352-3085

**NOTES:**

- \*\* All reservations must be accompanied by full payment.
- \*\* All checks must be drawn on a USA bank and made payable to C HORTON PRODUCTIONS Meeting & Event Services, LLC
- \*\* If paying by credit card, you may fax your registration form. We accept VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER.
- \*\* Written confirmation will not be sent. Your canceled check or credit card statement is your confirmation.
- \*\* Deadline for pre-registration is Friday, May 23, 2008. No refunds will be made after that date.
- \*\* If a tour is canceled because of low interest, refunds will be made in the form in which you paid and executed within 30 days after the last day of the program. **THERE WILL BE NO REFUNDS ON-SITE.**
- \*\* No refunds or exchanges will be made after Friday, May 23, 2008.
- \*\* Tickets will be held at the tour desk for pick up.
- \*\* Please be at the bus ten minutes before departure.
- \*\* **AN ADDITIONAL \$3.00 WILL BE CHARGED FOR ON-SITE REGISTRATION.**
- \*\* Any questions, please call Operations at C HORTON PRODUCTIONS Meeting & Event Services (214)357-8992.

NAME OF TOUR/EVENT:	DAY/DATE	TIME	# OF TICKETS	TOUR PRICE	TOTAL
Six Flags Tour	Tues. June 17	10:00A	_____	\$67.00	\$_____
Dallas Landmark Tour	Sat. June 21	9:00A	_____	\$25.00	\$_____
JFK Tour	Sat. June 21	9:00A	_____	\$32.00	\$_____
Six Flags Tour	Sat. June 21	9:30A	_____	\$62 - \$72	\$_____
Galleria	Sat. June 21	10:00A	_____	\$25.00	\$_____
The Dallas Zoo	Sat. June 21	10:00A	_____	\$29.00	\$_____
Hurricane Harbor	Sat. June 21	10:00A	_____	\$52 - \$62	\$_____
Dallas World Aquarium	Sat. June 21	10:00A	_____	\$38.00	\$_____

**GRAND TOTAL:** \$\_\_\_\_\_

**METHOD OF PAYMENT:** CHECK ENCLOSED: \_\_\_\_\_

PLEASE CHARGE TO MY VISA\_\_\_\_\_/MC\_\_\_\_\_/DISCOVER\_\_\_\_\_/AMEX\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_/\_\_\_\_

NAME OF CARDHOLDER: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

**NAME OF PARTICIPANT(S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_