



REGISTRATION FORM TO ATTEND MINORITY
HEALTH WEEK VIP RECEPTION
Friday, April 23, 2010 (6 – 9 p.m.)
Jones Plaza (Louisiana and Capitol)
Houston, TX 77002

I would like to attend the Minority Health Week VIP Reception. There will be ___ guest/s in my group.
Names (for badges) and addresses of attendees are listed below. Please fax this form to
Annette Johnson @ 713-748-6320.

Name: _____

Organization: _____

Street Address: _____

City, State, Zip Code: _____ Phone Number: _____

=====

Name: _____

Organization: _____

Street Address: _____

City, State, Zip Code: _____ Phone Number: _____

=====

Name: _____

Organization: _____

Street Address: _____

City, State, Zip Code: _____ Phone Number: _____

=====

Name: _____

Organization: _____

Street Address: _____

City, State, Zip Code: _____ Phone Number: _____