

INTENT TO ENTER FORM

2023 Conference Awards Competition

Name of Hospital or Facility_____

City_____ # of Beds_____

Name of Volunteer Organization_____

Address_____

City_____ Zip Code_____

Name of Contact Person_____

Address of Contact Person_____

Phone of Contact Person_____

Email to receive receipt of "Intent to Enter"

Please enclose check to cover entry fee. \$20.00 (You may enter up to 4 entries for 1 entry fee.)

Please make check payable to TAHV Conference 2023. You may submit only one entry per category.

Categories your group will be entering:

Scrapbook_____ Tray Favors_____ Poster_____ Newsletter_____

Amount enclosed \$_____ (No cash, please) Maximum Fee \$20.00

All Volunteer Groups must submit this form to Awards Chairman.
Receipt of your "Intent to Enter form will be acknowledged by email.

Barb Giannotti, Awards Chairman
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The Woodlands, Texas 777381
281-639-2120/ runnerbabs67@me.com