

INTENT TO ENTER FORM

2024 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 the check payable to TAHV Conference 2024. 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.

Josie Mediano/Awards Chairperson

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