



TAHV Conference 2025 Registration & Attendance

Submitted by	
Phone	
Email	
Healthcare Group Name	
Hospital Address	
City/State/Zip	

ATTENDEES									
List name of attendee and put an X in the category that applies									
	Name	Hospital Volunteer	DVS/Vol Coord	Hospital Admin	TAHV Board	TAHV Past Pres	Guest	First Time Attendee	
1									
2									
3									
4									
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6									
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10									
11									
12									
13									

Return completed form to Roxanne Bartelmey, Treasurer, (903) 271-4410
454 Merriman Pkwy, Sherman TX 75090 or email to bartelmey@msn.com



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	Name	Hospital Volunteer	DVS/Vol Coord	Hospital Admin	TAHV Board	TAHV Past Pres	Guest	First Time Attendee
14								
15								
16								
17								
18								
19								
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25								
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