

INTENT TO ENTER FORM



2025 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.

Beverly Valasco
300 32nd Street
Snyder, TX 79549

Revised: 02/2025/Pat Sowder

LEARN - NETWORK - GET INSPIRED