



# TAHV Conference 2026 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/Volunteer Coordinator | Hospital Admin | TAHV Board | TAHV Past President | Guest | First-Time Attendee |
| 1  |      |                    |                           |                |            |                     |       |                     |
| 2  |      |                    |                           |                |            |                     |       |                     |
| 3  |      |                    |                           |                |            |                     |       |                     |
| 4  |      |                    |                           |                |            |                     |       |                     |
| 5  |      |                    |                           |                |            |                     |       |                     |
| 6  |      |                    |                           |                |            |                     |       |                     |
| 7  |      |                    |                           |                |            |                     |       |                     |
| 8  |      |                    |                           |                |            |                     |       |                     |
| 9  |      |                    |                           |                |            |                     |       |                     |
| 10   |      |                    |                           |                |            |                     |       |                     |
| 11   |      |                    |                           |                |            |                     |       |                     |
| 12   |      |                    |                           |                |            |                     |       |                     |
| 13   |      |                    |                           |                |            |                     |       |                     |

Return completed form to Shirley Rosenbaum, Treasurer, (281) 610-6546:  
 101 E. Lakeridge Drive, The Woodlands, Texas 77381  
 or email to [shirleyr46@comcast.net](mailto:shirleyr46@comcast.net)