

ARLINGTON REGIONAL CONFERENCE

February 23-24, 2024
Comfort Suites
411 Road to Six Flags, Arlington, TX 76011
1-817-460-8700
Discounted Room Rate and Complimentary Parking

Register Now!

MEMBER NA	ME:	
NAME OF PR	OGRAM CONTACT (if member is an entity):	
CONTACT AE	DDRESS:	
CONTACT PH	IONE:	
CONTACT FA	X:E-MAIL:	
Attend	ees must be employees of a member entity or individual members **Cost is \$75.00 per attendee**	
CONFERENC	E ATTENDEES: PLEASE PRINT CLEARLY for ACCURATE NAME BADGES.	
Name	lame Title/Position	
Licenses, deg	grees, credentials (LCDC, RN, etc.)	
Phone	Email	
Work addres	SS	
	(use and duplicate 2 nd page for additional attendees from same entity)	
	PLEASE EMAIL THIS FORM TODAY TO: kirk@kirkmclaughlin.com OR FAX TO: Lubbock Lighthouse Attention: Kirk McLaughlin – 806-747-1384 ALSO MAIL FORM WITH ANY REMITTANCE DUE TO:	
	Kirk McLaughlin	
	2701 19 th Street, Lubbock, TX 79410 806-790-0006	
	AMOLINT ENCLOSED (\$75 per attendee): \$ 00	

CHECK #: _____ CHECK DATE: _____

Additional Attendees from	(member))

Additional attendees must be employees of a member entity **Cost is \$75.00 per attendee included on page 1 remittance**

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Name		Title/Position	
Licenses, degrees, c	redentials (LCDC, RN, etc.)		
Phone	Email		
Work address			
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Work address			
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