

DALLAS/TARRANT AREA  
PROVIDER EDUCATION EVENT

Monday, December 11, 2017

REGISTRATION FORM

FAX: 817-478-6297 NOT METRO #  
PLEASE COMPLETE ALL BLANKS

Name: \_\_\_\_\_

Title/License: \_\_\_\_\_

Practice Name \_\_\_\_\_

Address: \_\_\_\_\_

City Zip: \_\_\_\_\_

Deadline: Dec 8, 2017

ON-LINE REGISTRATION

Event Brite Link+Click

<https://tinyurl.com/y8wtxpbu>

*Registration:*

8:00am—9:00am

*Conference:*

9:00am—1:00pm

*TX Scottish Rite Hospital  
2222 Welborn St,  
Dallas, TX 75219*



FOR MORE INFORMATION CONTACT:

**SYLVIA C. CARRIZALES**

PROVIDER SERVICES

COOK CHILDREN'S HEALTH PLAN

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