Dear Telehealth Colleague,

On behalf of the Telehealth Alliance of Oklahoma (TAO) I would like to invite you to attend the Oklahoma Telehealth Summit on Monday, August 26, 2019 – August 28, 2019. The Summit will be held at the Norman Regional Hospital Education Center located at 901 N. Porter in Norman, Oklahoma. The Summit will open with a reception Monday evening, followed by a day and a half filled with a Keynote presentation, plenaries, breakout sessions, and networking opportunities. Exhibits from telehealth vendors will be set up in the Education Center Atrium.

The TAO is a diverse group of organizations and individuals in Oklahoma who are interested in telehealth as a means of improving health in the state. Our purpose is to educate and provide technical assistance to health care providers as a means of reducing service barriers to the underserved and/or those living in rural Oklahoma.

The Oklahoma Telehealth Summit and networking event has been on hiatus the past several years, but it is back, offering stakeholders, leading experts and telehealth vendors a chance to present developments in the field of telehealth and showcase technologies and applications for service delivery. We will draw attendees from across Oklahoma and neighboring states.

While there is no “host” hotel, we recommend the Embassy Suites Norman, they are offering a discounted rate of $119 a night. You can either call their reservations line (1-866-577-1273) using the group code ‘TAO’ or use this link:

Please feel free to contact us for opportunities as an exhibitor or sponsor.

Thank you.

Sandra Harrison.

Sandra Harrison, Board Chair
Telehealth Alliance of Oklahoma
REGISTRATION FORM

telehealthOK2019:
Oklahoma’s Telehealth Summit
August 26-28
Norman Regional Hospital Education Center
901 N. Porter, Norman Oklahoma

Registration is available by mail or email, see instructions below

Registration fee:  
$125 for TAO members
$155 for non-members

Name and Title of Attendee ______________________________________________________

Organization _________________________________________________________________

Mailing Address ______________________________________________________________

City, State, Zip _______________________________________________________________

Telephone ___________________*E-mail ________________________________

Method of Payment

By Mail: (Preferred) Mail all registrations accompanied by a check to:
OHA 4000 N Lincoln Blvd. Oklahoma City, OK 73105

Check in the amount of $________ Made Payable to TAO.

By Email or Fax: email to bush@okoha.com or fax 405 424 4507

Purchase Order Number ___________ Purchase Order Amount $ ___________

If paying by PO, please bring your payment by check, made to TAO, to the Summit

Name on purchase order ________________________________________________________

Purchase Order Billing Address (including zip code) ____________________________

__________________________________________________________________________

Signature

Return your registration form to OHA. Registrations with purchase order payment information included may
be faxed to Shelly Bush at (405)424-4507, or emailed to bush@okoha.com. If you have any questions, please
contact Shelly Bush or Mary Winters at (405)427-9537 or by email at bush@okoha.com or
winters@okoha.com.

Oklahoma Hospital Association