## Texas Pharmacy Association 2014 TPA Conference & Expo REGISTRATION

Name:		Compan	y:							
Home Address:						State:Zip:				
Work Address:		City:								
Daytime Phone:		Please send all correspondence to:								
Email:		•								
			Spouse/Guest Badge Name:							
Emergency Contact Information Name:										
	cision for your company?									
2014 TPA Conference & Expo circle al applicable Embassy Suites Hotel & Convention Center items July 31 - August 2, 2014		Pharmacist Member	Pharmacist Nonmember	Member Technician	Technician Nonmember	Student Pharmacist	Associate Member	Spouse/Guest	SUBTOTAL	
	Full Conference Deckers, All			_				•	S	
REGISTRATION	Full Conference Package: All ( Thru April 19, 2014	\$395		\$195	\$245	\$125	\$395	\$225		
Mail printed forms to: Texas Pharmacy Association 6207 Bee Caves Rd Ste 120 Austin, TX 78746 Fax: 512-836-0308 Pre Registration Deadline: 7/5/2014	April 19, 2014  April 19 thru June 30, 2014	\$495	\$595	\$245	\$295	\$125	\$495	\$275		
	Onsite Registration	\$595	\$695	\$245	\$345	\$175	\$595	\$275		
	CE & 1-Day Only Package: CE							ΨΖ33		
	Saturday, August 2, 2014	\$155	\$185	\$125	\$145	\$125	_	_		
	Additional Tickets	Ψ100	Ψ100	Ψ120		ost	Quai	ntity		
	Awards Luncheon				\$65.00					
	President's Celebration			\$85.00						
HOTEL Embassy Suites Hotel Phone: 512-392-6450 Be sure to mention the TPA Group Rate when reserving.	Exhibit Hall Pass				\$35.00					
	Social Event Attendance				700.00					
	Expo Opening & Reception				Attending?		☐ YES		□ N0	
	President's Celebration				Attending?		☐ YES		□ N0	
	Awards Luncheon				Attending?		☐ YES		□ N0	
						TOTAL DUE				
CANCELLATIONS Additional tickets are	Payment									
non-refundable unless an event is cancelled by TPA.										
	☐ Enclosed is a check/money order # made payable to: <i>Texas Pharmacy Association</i>									
To veccive a vafund minus	Please charge my: ☐ Visa ☐ MasterCard ☐ American Express									
To receive a refund — minus a \$75 administrative fee —	Card#:			Ex	p:	s	ecurity C	ode:		
cancel in writing no later than 5/31/14. Refunds will be processed after the	Billing Address: Cit				y: State: Zip:					
conference.	Cardholder Name: Phone:									
	Signature:				_ Payment Type: ☐ Personal ☐ Corporate					