

DESIGNING THE FUTURE OF SELF FUNDING JULY 15-17, 2019



TPA SUMMIT 2019

***** Please use one form per registrant *****

First Name _____ Last Name _____
 Professional Title _____ Organization _____
 E-mail Address _____ Cell Phone _____
 Business Phone _____
 Address _____
 City _____ State _____ Zip Code _____
 Is this your first HCAA Event? Yes No
 Is any of this new/updated information? Yes No
 Special Dietary needs? _____

REGISTRATION FEES

Early Bird Discounts are available until May 10, 2019. Discounted registration fees will be available from May 11 - June 14, 2019. After June 14, 2019 full registration fees apply.
Cancellation Policy: Cancellations received before June 14, 2019 will receive a full refund minus a \$50 administration fee. Cancellations received June 14 - June 30, 2019 will receive a 50% refund minus a \$50 administration fee. No refunds will be issued after June 30, 2019. Cancellations must be in writing and faxed to 314/207-0101 or emailed to sayers@hcaa.org.

	EARLY BIRD FEE (APRIL 1 - MAY 10, 2019)	DISCOUNTED (MAY 11 - JUNE 14, 2019)	LATE/ON-SITE FEE (JUNE 15 - JUNE 30, 2019)
TPA Member	\$600	\$750	\$900
TPA Non-Member	\$950	\$1,100	\$1,250
Affiliate	\$1,000	\$1,150	\$1,300
Broker	\$700	\$850	\$1,000
Single Day Pass Rate	If your organization is in the Dallas/Fort Worth area and you want to attend the conference for 1-day, please contact sayers@hcaa.org for day-rate pricing and registration. Please note there is no CE available for day-passes.		
CHARITY OUTREACH VOLUNTEER OPPORTUNITY (JULY 17, 2019)			
Community Partners of Dallas	We will shuttle from the Hotel to Community Partners of Dallas to help with on-site projects. Details to follow closer to the date.		I want to participate: <input type="checkbox"/> Yes <input type="checkbox"/> No

METHOD OF PAYMENT:

- I have read and agree to the HCAA Cancellation policy above. Checking this box is mandatory for the registration to be complete.
 Check Enclosed payable to HCAA (see mailing / faxing instruction below) Credit Card: Visa MasterCard American Express

Total Amount Due \$ _____

Card Number: _____ Security Code: _____ Expiration Date: _____

Name on Card: (print) _____ Cardholder Signature: _____

Demographic information on this form is private data, used to identify and locate you, obtain payment, and enable instructors to better know their audience. Name, address and method of payment are mandatory. Information on this form may be shared with instructors and program sponsors. Continuing education certification may require collection of additional identifier information.

Mail, Email or Fax completed form with payment to:
NOTE: Registrations cannot be processed unless accompanied by full payment of fees.

HCAA
 1015 Grupp Rd., #31373
 St. Louis, MO 63131

Email:
sayers@hcaa.org

Fax: (314) 207-0101
Phone: (888) 637-1605
 Ext. 103

HOTEL RESERVATION:

To make your reservations, please click here: <https://www.hyatt.com/en-US/group-booking/DFWRD/G-TPAS>