



First Name _____ MI _____ Last Name _____ Degree _____

Email _____

Registration fee includes ALL convention offerings. There is no pre-registration for specific PD offerings.

- | | | | |
|---|---|--|---|
| TPA Platinum Advocate (2-3 days) | <input type="checkbox"/> -\$190.00 | TPA Platinum Advocate (circle single day- Th <u>OR</u> Fri <u>OR</u> Sat) | <input type="checkbox"/> -\$120.00 _____ |
| TPA Member (2-3 days) | <input type="checkbox"/> -\$375.00 | TPA Member (circle single day- Th <u>OR</u> Fri <u>OR</u> Sat) | <input type="checkbox"/> -\$240.00 _____ |
| TPA Student Member (2-3 days) | <input type="checkbox"/> -\$150.00 | TPA Student Member (circle single day- Th <u>OR</u> Fri <u>OR</u> Sat) | <input type="checkbox"/> -\$125.00 _____ |
| Others not eligible for membership (2-3 days) | <input type="checkbox"/> -\$375.00 | Others not eligible for membership (circle single day- Th <u>OR</u> Fri <u>OR</u> Sat) | <input type="checkbox"/> -\$240.00 _____ |
| Fellow, Intern or Spouse (2-3 days) | <input type="checkbox"/> -\$215.00 | Fellow, Intern or Spouse (circle single day- Th <u>OR</u> Fri <u>OR</u> Sat) | <input type="checkbox"/> -\$140.00 _____ |
| Non-Members—including students (2-3 days) | <input type="checkbox"/> -\$490.00 | Non-Member--includes non-member students (circle single day- Th <u>OR</u> Fri <u>OR</u> Sat) | <input type="checkbox"/> -\$335.00 _____ |

Please indicate whether you will be in attendance for the following convention events:

- | | | |
|---|----------------------------|-------------------|
| <input type="checkbox"/> TPF Jeopardy: Battle of the Minds | Thursday Evening (11/10) | No Additional Fee |
| <input type="checkbox"/> Awards Luncheon | Friday Afternoon (11/11) | No Additional Fee |
| <input type="checkbox"/> Exhibitor Reception & Poster Competition | Friday Evening (11/11) | No Additional Fee |
| <input type="checkbox"/> TPA Political Action Committee Lunch | Saturday Afternoon (11/12) | \$130 |

If you have any special needs we should consider, including lunch options such as vegetarian meals, please note here: _____

Payment options: Check **Visa** **MasterCard** **Amex** **Discover** **Check #:** _____

Credit card number: _____

Expiration Date: _____ **Security Code:** _____ (last 3 digits on the back of card)

Billing address: _____

Billing City/State/Zip: _____

Amount you authorize to charge: _____ **Signature:** _____