


Texas Pharmacy Association 2017 TPA Leadership Symposium REGISTRATION

Name: _____ Company: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Daytime Phone: _____ Please send all correspondence to: Home Work
 Email: _____ Spouse/Guest Badge Name: _____

Emergency Contact Information Name: _____ Phone: _____

Do you influence purchasing decision for your company? No Yes Are you the decision maker? No Yes
 Please check here if you have special needs (accessibility or dietary) at this meeting. *(Please attach written description.)*

<h2 style="margin: 0;">2017 TPA Leadership Symposium</h2> <p style="margin: 0;">Sheraton Austin Hotel at the Capitol March 20, 2017</p>		Pharmacist Member	Pharmacist Non Member	Technician Member	Technician Non Member	Student Pharmacist	Associate Member	Associate Non Member	SUBTOTAL	
<p>REGISTRATION Mail printed forms to: Texas Pharmacy Association 3200 Steck Ave, Ste 370 Austin, TX 78757 Fax: 512-836-0308 Pre Registration Deadline: 2/15/2017</p> <p>HOTEL Sheraton Austin Hotel at the Capitol Phone: 512-478-1111 or 800-325-3535 Be sure to mention the TPA Group Rate when reserving.</p> <p>CANCELLATIONS To receive a refund – minus a \$75 administrative fee – cancel in writing no later than 2/28/17. Refunds will be processed after the conference.</p>	Registration Options									
	Thru February 15, 2017		\$85	\$100	\$45	\$60	\$45	\$85	\$100	
	Full Registration		\$105	\$120	\$60	\$75	\$60	\$105	\$120	
	Event Attendance									
	House of Delegates Meeting – DELEGATE					Attending?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Luncheon					Attending?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
							TOTAL DUE ➔			
	Payment									
	<input type="checkbox"/> Enclosed is a check/money order # _____ made payable to: <i>Texas Pharmacy Association</i> Please charge my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Card#: _____ Exp: _____ Security Code: _____ Billing Address: _____ City: _____ State: _____ Zip: _____ Cardholder Name: _____ Phone: _____ Signature: _____ Payment Type: <input type="checkbox"/> Personal <input type="checkbox"/> Corporate									
	 <div style="display: inline-block; vertical-align: middle;"> <h2 style="margin: 0;">TEXAS Pharmacy Association</h2> <p style="margin: 0; font-size: small;">Advancing, Protecting & Unifying the Profession of Pharmacy since 1879</p> </div>									