

TCACC 2017 Annual Meeting Order Form

Submit this form with full
payment no later than
September 22, 2017.

Company Name: _____

Contact Person: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Meeting Sponsorships

Gold - \$5,000	Silver - \$3,500	Bronze - \$2,250
Please check <u>one</u> : <input type="checkbox"/> Friday Lunch <input type="checkbox"/> Saturday Lunch	Please check <u>one</u> : <input type="checkbox"/> Friday Continental Breakfast <input type="checkbox"/> Friday Refreshment Break <input type="checkbox"/> Saturday Continental Breakfast <input type="checkbox"/> Saturday Refreshment Break	Please check <u>one</u> : <input type="checkbox"/> Hotel Key Cards <input type="checkbox"/> Lanyards <input type="checkbox"/> Meter Signs <input type="checkbox"/> Pens

A La Carté Offerings

Exhibit Space	Special Event	Event Sponsor
<input type="checkbox"/> (1) Exhibit Booth - \$1,300	<input type="checkbox"/> Friday Dinner Presentation \$90 x _____ (# of Tickets)	<input type="checkbox"/> Saturday Refreshment Break - \$500

Product Theaters

\$10,000 Per Product Theater	Note
Please check <u>one</u> : <input type="checkbox"/> Thursday <input type="checkbox"/> Saturday	You must complete a contract and be an Exhibitor in order to participate in the Product Theaters option. Please contact Shari Noonan, CAE, CMP (shari.noonan@texmed.org) for more information.

Payment Options

Total: \$ _____ Check is enclosed (payable to TCACC). Charge the credit card below.

Credit Card Type: American Express MasterCard Visa

Name on Card: _____

Credit Card #: _____

Exp. Date: _____ Security Code: _____ Card Billing Zip Code: _____

Sign to Authorize Charge: _____

Return completed form and payment to: TCACC · 401 W. 15th Street · Austin, TX 78701
Questions? Call (512) 370-1514 or email Shari.Noonan@texmed.org.