

REGISTRATION FORM

2008 TCATA ANNUAL MANAGEMENT AND EDUCATIONAL CONFERENCE APRIL 30 - MAY 3 HYATT REGENCY LOST PINES RESORT AUSTIN, TEXAS

REGISTER EARLY AND SAVE!

	REC'D BY <u>MARCH 30</u>	AFTER <u>MARCH 30</u>
MEMBER	\$675	\$725
SPOUSE	\$295	\$345

WE WOULD LIKE TO REGISTER THE FOLLOWING FROM OUR COMPANY:

**CHECK IF YOUR FIRST
TCATA CONFERENCE**

TYPE OR PRINT NAMES AS THEY ARE TO APPEAR ON BADGE:

- | | | |
|------------------|---------|--------------------------|
| 1) MEMBER: _____ | @ \$675 | <input type="checkbox"/> |
| SPOUSE: _____ | @ \$295 | <input type="checkbox"/> |
| 2) MEMBER: _____ | @ \$675 | <input type="checkbox"/> |
| SPOUSE: _____ | @ \$295 | <input type="checkbox"/> |
| 3) MEMBER: _____ | @ \$675 | <input type="checkbox"/> |
| SPOUSE: _____ | @ \$295 | <input type="checkbox"/> |

TOTAL DUE \$ _____

MAKE CHECK PAYABLE TO TCATA AND RETURN TO:

271 ROUTE 46 WEST - SUITE 203D, FAIRFIELD, NJ 07004 – FAX (973) 244-4455

Refund policy:

- Cancellations received less than **30 days prior** to conference (**March 30**) will forfeit \$100 of the registration fee.
- Cancellations received **after April 25** will forfeit \$400 of the fee for a member and \$190 for a spouse.

COMPANY _____

ADDRESS _____

PAYMENT METHOD: CHECK CREDIT CARD (VISA/MASTERCARD/DISCOVER)

CARD NUMBER: _____ EXPIRATION DATE: _____ / _____

CARD HOLDER NAME: _____

CARD HOLDER ADDRESS: _____

_____ ZIP _____