

# REGISTRATION FORM

[CLICK HERE TO REGISTER ONLINE](#)



## ALL FIELDS REQUIRED.

Your Conference Attendance:  First Time!!!  my # \_\_\_\_\_ year How many years have you been in the risk management profession? \_\_\_\_\_

First & Last Name \_\_\_\_\_ Title \_\_\_\_\_

Professional Credentials/Certifications \_\_\_\_\_

TDI License # \_\_\_\_\_ Entity/Employer \_\_\_\_\_

Work Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Special Needs (ADA) \_\_\_\_\_

I am interested in obtaining continuing education credit for the following:  None  HRCI  SHRM  Certified Case Manager (CCM)  IPMA  
Other CE I would like Texas PRIMA to consider: \_\_\_\_\_

## ★ SIGN ME UP for the 2022 TEXAS PRIMA CONFERENCE! ★

	OCTOBER 15 OR EARLIER		OCTOBER 16 OR LATER	
Public Entity	Live Option <input type="checkbox"/> \$ 400	Virtual Option <input type="checkbox"/> \$ 300	Live Option <input type="checkbox"/> \$ 450	Virtual Option <input type="checkbox"/> \$ 350
Risk Pool	Live Option <input type="checkbox"/> \$ 600	Virtual Option <input type="checkbox"/> \$ 400	Live Option <input type="checkbox"/> \$ 650	Virtual Option <input type="checkbox"/> \$ 450
Corporate	Live Option <input type="checkbox"/> \$ 700	Virtual Option <input type="checkbox"/> \$ 500	Live Option <input type="checkbox"/> \$ 750	Virtual Option <input type="checkbox"/> \$ 550
Student**	Live Option <input type="checkbox"/> \$ 175	Virtual Option <input type="checkbox"/> \$ 30	Live Option <input type="checkbox"/> \$ 200	Virtual Option <input type="checkbox"/> \$ 55

(\*\*Must provide proof of status)

**ALL FEES INCLUDE Texas PRIMA MEMBERSHIP**

### OPT OUT OF EVENTS:

For the registrants who will be joining us in-person, if you need to miss a conference function, please let us know. This helps us plan for the proper number of guests by those not able to attend “opting-out.”

- Sunday – Welcome Reception ..... 6:00 PM – 7:00 PM
- Monday – Grand Opening of Exhibit Hall/Lunch in Exhibit Hall ..... 11:30 AM – 1:30 PM
- Monday Night Networking & Dinner ..... 7:00 PM – 11:00 PM
- Tuesday – Awards Luncheon ..... 12:00 PM – 1:30 PM

**PLEASE NOTE:** Attendance at Texas PRIMA events constitutes an agreement by the attendee to Texas PRIMA’s use and distribution of the attendee’s images or voice in photographs, and recordings of such events and activities. By providing your email address you agree to receive emails from Texas PRIMA and sponsoring organizations. Unless you inform Texas PRIMA that you object, permission is assumed.

# PAYMENT INFORMATION

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**E-MAIL:** [info@texasprima.org](mailto:info@texasprima.org)

**MAIL:** Register & pay via check or credit card: **TEXAS PRIMA, P.O. BOX 92373, AUSTIN TX 78709**

## ONSITE CONFERENCE REGISTRATION INCLUDES:

- Exhibit Hall & Session Access
- Welcome Reception
- Monday Night Networking & Dinner (1 ticket)
- Sponsor Appreciation Reception
- (2) Luncheons
- One-year Texas PRIMA Membership
- Public Entity \$75 | Risk Pool | \$150  
Corporate \$225 | Student \$10
- OPT ME OUT of the Texas PRIMA  
MEMBERSHIP (fee remains the same)

## VIRTUAL CONFERENCE REGISTRATION INCLUDES:

- Access via online link to the virtual conference  
to live-streamed sessions
- Continuing education for select sessions
- Opening and closing keynote sessions
- Virtual exhibit hall with opportunities to network  
one-on-one with exhibitors
- Virtual networking - interact with virtual and in  
person attendees and raffle prizes

## FEES DUE/SUBTOTAL

Complete this section, indicating corresponding payment amounts; enter total in  
TOTAL PAYMENT DUE / ENCLOSED below.

## CONFERENCE REGISTRATION FEE

(from the registration option that you selected)..... \$ \_\_\_\_\_

**EXTRA TICKETS** (purchase ONLY if you are NOT a conference registrant or need tickets in  
addition to the event tickets included with registration)

- Monday Night Networking & Dinner     \$65 each x \_\_\_\_\_ extra tickets     \$ \_\_\_\_\_
- Monday Lunch with Exhibitors     \$50 each x \_\_\_\_\_ extra tickets     \$ \_\_\_\_\_
- Tuesday Awards Luncheon     \$50 each x \_\_\_\_\_ extra tickets     \$ \_\_\_\_\_

## TOTAL PAYMENT DUE / ENCLOSED

(must equal amounts indicated in fees due / SUBTOTAL section above)     \$ \_\_\_\_\_

## SELECT PAYMENT TYPE

- MASTERCARD    VISA    AMEX    CHECK (For payment by check, do not staple payment to form.)

Card Number: \_\_\_\_\_ Sec. Code (required): \_\_\_\_\_

Cardholder Phone Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

