# **REGISTRATION FORM**

ALL					

Your Conference Attendance: ☐ First Time!!! ☐ my # ye	ar 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)	
	following: ☐ None ☐ HRCI ☐ SHRM ☐ Certified Case Manager (CCM)
Other CE I would like Texas PRIMA to consider:	

## SIGN ME UP FOR THE TEXAS PRIMA 2023 CONFERENCE

	OCTOBER 13 OR EARLIER	OCTOBER 14 OR LATER
Public Entity	□ \$ 400	□ \$ 450
Risk Pool	□ \$ 600	<b>□</b> \$ 650
Corporate	□ \$ 700	<b>□</b> \$ 750
Student**	<b>□</b> \$ 175	□\$200

(\*\*Must provide proof of status)

ALL FEES INCLUDE Texas PRIMA MEMBERSHIP

## **OPT OUT OF EVENTS:**

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
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☐ Monday – Lunch in Exhibit Hall ......11:30 AM – 1:30 PM

□ Monday Night Networking & Dinner .......7:00 PM – 12:00 AM

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.



**E-MAIL:** info@texasprima.org

MAIL: Register & pay by check: TEXAS PRIMA, P.O. BOX 92373, AUSTIN TX 78709

## **CONFERENCE REGISTRATION INCLUDES:**

- Exhibit Hall & Session Access
- Welcome Reception
- Monday Night Networking & Dinner (1 ticket)
- **Sponsor Appreciation Reception**
- Monday & Tuesday 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)

#### **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).....\$

#### **GUEST TICKET(S)**

Registration includes 1 ticket to each event listed below. If you would like to purchase quest tickets, please complete the section below.

\$65 each x \_\_\_\_\_ extra tickets \$ ☐ Monday Night Networking & Dinner

\$50 each x \_\_\_\_\_ extra tickets \$ ☐ Tuesday Awards Luncheon

### TOTAL PAYMENT DUE / ENCLOSED

(must equal amounts indicated in fees due/quest ticket sections above)

### **SELECT PAYMENT TYPE**

Card Number: \_\_\_\_\_ Sec. Code (required): \_\_\_\_\_ Cardholder Phone Number \_\_\_\_\_ Exp. Date \_\_\_\_

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

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

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

Cardholder Signature: