



TMVA MEETING REGISTRATION

66th TMVA Annual Convention

September 28 – 30, 2017

Omni Hotel

Corpus Christi, Texas

Registration Deadline:

September 18, 2017

I. Company Information - Please Print

Company Name: _____ Operator Supplier Other: _____

Company Address: _____ City: _____ State: _____ Zip: _____

II. Registration – Please list each person attending from your company. Include e-mail address for each person and indicate which events he/she will be attending by checking the appropriate box.

Name First & Last	E-mail	Welcome Reception (Thu. 9/28)	Breakfast (Fri. 9/29)	Business Luncheon (Fri. 9/29)	Spouse Guest Lunch/Event (Fri. 9/29)	Banquet (Fri. 9/29)	Breakfast (Sat. 9/30)	Operator/ Associate Member Fee	Non- Member Associate Fee
1.								\$250	\$500
2.								\$225	\$500
3.								\$225	\$500
4.								\$225	\$500
5.								\$225	\$500
6.								\$225	\$500
					TOTAL PAYMENT \$:				

III. Registration Fees

- For Operators, TMVA Member Associates, and their Spouses/Guests: \$250 for the first attendee & \$225 for each additional attendee
- For **Non-Member Associate companies and their Spouses/Guests: \$500 per attendee**

The fee includes: Welcome Reception; Friday Breakfast, Luncheon, and Evening Banquet; Saturday Breakfast/Business Meeting and Spouse/Guest Event. **The fee DOES NOT include:** Resort Accommodations, Golf Tournament and adult beverages.

REGISTRATION WILL NOT BE PROCESSED WITHOUT PAYMENT

IV. Payment - If paying by **credit card**, fax completed form to Marilyn Dent at 703-836-8262 or email it to mdent@namanow.org. If paying by **check**, send check made payable to TMVA with completed form to: TMVA – C/O Kendall Smith – PO Box 16046 – Austin, TX 78761.

TOTAL PAYMENT to charge to card: \$ _____ American Exp MasterCard Visa Discover

Credit Card # _____ Exp. Date _____ V-code _____

Name as shown on card _____

Billing address _____ City _____ State _____ Zip _____