TMVA MEETING REGISTRATION

67th TMVA Annual Convention September 26 – 28, 2018 **Moody Gardens Resort** Galveston, Texas

Registration Deadline: September 19, 2018

I. Company Information - Please Print

| Company Name: | □Operator □Supplier □Other: | | | | | | | | | |
|---|-----------------------------|--|---|--|---|------------------------------|--------------------------|--------------------------------------|------------------------------------|--|
| Company Address: | | C | City: | | | State: Zip: | | | | |
| II. Registration – Please lis events he/she will be atte | | - | | any. Inclu | de e-mail a | ddress fo | r each per | son and indica | ate which | |
| Name First & Last | E-mail | Welcome Reception (Wed. 9/26) | Breakfast (Thu. 9/27) | Business Luncheon (Thu. 9/27) | Spouse Guest Lunch/Event (Thu. 9/27) | Banquet (Thu. 9/27) | Breakfast (Fri. 9/28) | 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 PAYM | ENT \$: | | | | |
| attendee • For Non-Membe | | s and thei 2018. No i | r Spouses refunds w ast, Lunch | /Guests: vill be produced | \$500 per a cessed for c | ttendee ancellatio | ons receive | ed after Septe Guest Event; I | mber 19, Friday | |
| | REGISTRATION | WILL NO | OT BE PR | OCESSED | WITHOU | T PAYM | ENT | | | |
| IV. Payment - If paying by mdent@namanow.org. David Clayton – PO Box | If paying by check, | send che | | • | | | | | A – C/O | |
| TOTAL PAYMENT to cha | rge to card: \$ | | _ □ A | American | Ехр 🗆 І | MasterC | ard 🗆 | Visa □Dis | scover | |
| Credit Card # | | | | Exp. Date | | | V-code | | | |
| Name as shown on card | | | | Billing Zip | | | | | | |