

# 2012 TFEA CONVENTION REGISTRATION - MEMBER

Return registration materials to the TFEA office by mail: P.O. Box 23645, Waco, Texas 76702  
or by fax: 254/776-1667. Call the TFEA office at 830-997-0741 if you have any questions.

REGISTRATION MUST BE RECEIVED BY 5 P.M. ON EACH DEADLINE DATE.

Fill out this form if you are a current TFEA/IFEA member. Call IFEA at 208-433-0950 if you have any questions about your membership status. Non-members should use the form on the reverse side.

## I WANT TO VOLUNTEER!

Please check here if you would like to serve as a conference volunteer.

Organization Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### 1. PROFESSIONAL

#### DEVELOPMENT SEMINAR —

Select the track you plan to attend:

TELP Course Track

Advanced Development Track

August 2, 2012

PRINT FULL NAME (FOR BADGE) & EMAIL ADDRESS

First Time Attendee?

EARLY BIRD  
On or before 7/5

REGULAR  
After 7/5

Prof. Dev. Fee includes lunch and Thur. Night Kick-Off Party

_____	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$165	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$165	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$165	_____

### 2. CONFERENCE REGISTRATION — August 3-5, 2012

(Reg. fee includes Fri. lunch and all Sat. meals)

PRINT FULL NAME (FOR BADGE) & EMAIL ADDRESS

First Time Attendee?

EARLY BIRD  
On or before 7/5

REGULAR  
After 7/5

Thurs. Night Kick-Off Party not included in Conf. reg. See section 3.

_____	<input type="checkbox"/>	<input type="checkbox"/>	\$200	<input type="checkbox"/>	\$230	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$200	<input type="checkbox"/>	\$230	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$200	<input type="checkbox"/>	\$230	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$200	<input type="checkbox"/>	\$230	_____

SECTION 1 SUBTOTAL

\$ \_\_\_\_\_

### 3. MEAL ONLY (This section is for individual meal tickets.)

PRINT FULL NAME (FOR BADGE) & EMAIL ADDRESS

Thurs. Night Conference Kick-Off Party

Friday Professional Awards Luncheon

Saturday Luncheon Program

Saturday Marketing Awards Dinner

Please contact the TFEA office for any special dietary needs

_____	<input type="checkbox"/>	\$50	<input type="checkbox"/>	\$40	<input type="checkbox"/>	\$40	<input type="checkbox"/>	\$60	_____
_____	<input type="checkbox"/>	\$50	<input type="checkbox"/>	\$40	<input type="checkbox"/>	\$40	<input type="checkbox"/>	\$60	_____
_____	<input type="checkbox"/>	\$50	<input type="checkbox"/>	\$40	<input type="checkbox"/>	\$40	<input type="checkbox"/>	\$60	_____
_____	<input type="checkbox"/>	\$50	<input type="checkbox"/>	\$40	<input type="checkbox"/>	\$40	<input type="checkbox"/>	\$60	_____

SECTION 2 SUBTOTAL

\$ \_\_\_\_\_

SECTION 3 SUBTOTAL

\$ \_\_\_\_\_

## TOTAL REGISTRATION

\$ \_\_\_\_\_

I'd like to pay by CREDIT CARD Card# \_\_\_\_\_  
Circle one: MC VISA Discover Exp. Date \_\_\_\_\_ Security Number \_\_\_\_\_  
Authorization Signature \_\_\_\_\_ Amount \_\_\_\_\_

I'd like to pay by CHECK Check # \_\_\_\_\_ Amount \_\_\_\_\_

TFEA OFFICE USE ONLY

DATE REC'D \_\_\_\_\_