

TIIAA
Annual Conference & Exhibits
Doubletree by Hilton Hotel Dallas-Love Field – Dallas, TX
May 5 & 6, 2016
REGISTRATION FORM

Print information as to appear on name badge:

Name _____ Spouse/Guest _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

EMAIL _____

Registration Fees

- \$325 TIIAA Member Registration by 4/18/16 (Listed in Membership Directories) **\$375 after 4/18/16**
- \$375 Non-TIIAA Member by 4/18/16 **\$425 after 4/18/16**
- \$200 Spouse/Guest Registration by 4/18/16 (includes Friday afternoon activity) **\$250 after 4/18/16**
- \$100 Top Golf Outing per person *****please include payment with registration**

_____ **Total Due**

PARTICIPATING IN FRIDAY AFTERNOON ACTIVITY? Please circle: **YES** **NO** **Total # Attending** _____

Payment Information:

I have enclosed a check for a total payment of \$ _____

Please charge my credit card in the amount of \$ _____ as follows: MasterCard Visa Discover

Card Number _____ Exp. Date _____

Name of Card Holder _____

Billing Address _____

City _____ State _____ ZIP _____

Authorized Signature _____

(I authorize TIIAA to charge my credit card)

Make checks payable to TIIAA. Return this contract form to:

TIIAA, 1018 Dominion, Katy, Tx. 77450 - phone/fax: 832-319-6238 - email: daryl.cunda@brezinaclaims.com