

Registration Form

ASA Texas Annual Meeting

October 16th-17th, 2015

Holiday Inn & Suites
Denton, Texas

Program and lodging information: www.asatx.org

Full Name: _____ (Preferred Badge Name) _____

Additional Attendees/Guest Names: _____

ASA Member #: _____

Business Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

CONFERENCE FEES

1. **Registration Fees** (All fees listed in U.S. Funds.)

PLEASE CHECK APPROPRIATE REGISTRATION FEE:

Registration Fee

POSTMARKED & PAID

BEFORE/ON OCTOBER 1ST

AFTER OCTOBER 1ST

\$125

\$150

Cancellations/Changes and Refunds: Fees for missed meals, late arrivals, and early departures will not be refunded. Fees will be refunded, less a \$20.00 processing fee, if cancellation or change resulting in a refund is received in writing no later than October 5, 2015. After that date, fees are non-refundable. All refunds will be processed after the conference. Substitutions are allowed at no charge.

PAYMENT METHOD Check or Money Order must be in U.S. funds payable to: **ASA Texas**. There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be mailed.

Please check appropriate box: Check Money Order VISA MasterCard Expiration Date: _____

Card #: _____ Print Cardholder Name: _____

To mail or fax completed registration form with payment to:

Phone: (817) 726-1761

FAX: (817) 460-2358

Email: toddm@asatx.org

Todd Mehalko

Executive Director, ASA Texas

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