

Non-Physician/Guest Registration Form

By registering for this event, I grant TPS permission to use my image for promotional purposes. I further understand and agree that my photo may be used in the TPS E-News, on the TPS website, on TPS social media, or in other promotional materials.



1 ATTENDEE INFORMATION *(Separate form for each individual)*

Full Name _____ Preferred First Name on Badge _____

Organization/Employer _____

Address (circle: home or office) _____

E-mail _____ Phone _____ Fax _____

2 REGISTRATION FOR NON-PHYSICIAN ATTENDEES/GUESTS

FULL MEETING Registration

	Before 8/5	After 8/5	Onsite After 9/6
<input type="checkbox"/> Office Manager	\$195	\$195	\$220
<input type="checkbox"/> Nurse/NP/PA/Allied Health	\$235	\$285	\$335
<input type="checkbox"/> Spouse/Guest/Child over 5	\$235	\$285	\$335
<input type="checkbox"/> Public Health Professional	\$235	\$285	\$335

Name of Guest(s)/Spouse/Children Attending: _____

Subtotal FULL MEETING Registration Fee: \$ _____

Please check the included meals and events you plan to attend

- Lunch - Thursday Breakfast - Friday Presidents' Reception - Friday Buffet Breakfast - Sunday
 Reception- Thursday Lunch - Friday Breakfast - Saturday

Dietary Restrictions?
 Yes No

ONE DAY Registration

	Before 8/5	After 8/5	Onsite After 9/6
<input type="checkbox"/> Guest/Spouse/Allied Health/Public Health	\$195	\$195	\$220

Please check one: Thursday Friday Saturday Sunday

Subtotal ONE DAY Registration Fee: \$ _____

TWO DAY Registration

	Before 8/5	After 8/5	Onsite 9/6
<input type="checkbox"/> Guest/Spouse/Allied Health/Public Health	\$275	\$275	\$300

Please check one: Thurs./Fri. Fri./Sat. Sat./Sun.

Subtotal TWO DAY Registration Fee: \$ _____

3 A'LA CARTE ITEMS FOR REGISTERED NON-PHYSICIAN ATTENDEES

A'la Carte Social Events/Other Program Tickets & Syllabus

- Awards Luncheon - Saturday \$55 pp \$ _____
 Foundation Benefit (adults and children 12 & over) - Saturday \$110 \$ _____
 Foundation Benefit (children under 12) - Saturday \$50 \$ _____
 Foundation Raffle Tickets (\$50 each) \$50 \$ _____

- Foundation Raffle Tickets (3 for \$125) \$125 \$ _____
 Donation to Foundation OPEN \$ _____
 Syllabus on USB Drive \$15 \$ _____

Subtotal A'la Carte Fee: \$ _____ *(Non-Physician Attendees)*

4 EVENT TICKETS FOR NON-REGISTERED GUESTS OF NON-PHYSICIANS *(Not registering for the Meeting)*

- Lunch - Thursday (adults/children over 5) \$50 pp \$ _____
 Reception - Thursday \$60 pp \$ _____
 Breakfast - Friday \$40 pp \$ _____
 Lunch - Friday (adults/children over 5) \$50 pp \$ _____
 Presidents' Reception - Friday \$60 pp \$ _____
 Breakfast - Saturday \$40 pp \$ _____

- Awards Luncheon - Saturday \$55 pp \$ _____
 Foundation Benefit (adults and children 12 & over) - Saturday \$110 \$ _____
 Foundation Benefit (couple) \$200 \$ _____
 Foundation Benefit (children under 12) - Saturday \$50 \$ _____
 Buffet Breakfast - Sunday \$40 pp \$ _____

Subtotal Event Tickets: \$ _____ *(Non-registered Guests)*

Dietary Restrictions?
 Yes No

5 SUBTOTALS & GRAND TOTAL Non-Physicians Attendees & Guests

2 Registration Fee
Non-Physician/Guest

Subtotal \$ _____

3 A'la Carte Items
Non-Physician/Guest

Subtotal \$ _____

4 Event Tickets
Non-Registered Guests

Subtotal \$ _____

GRAND TOTAL

2 + 3 + 4 = \$ _____

6 PAYMENT INFORMATION

METHOD OF PAYMENT: VISA MasterCard Discover Check – Enclosed & Payable to Texas Pediatric Society

Credit Card # _____ CID (3 digit number on back) _____

Name on Card: _____ Expiration Date: _____

Is Billing Address Different from above? YES NO If yes, please provide correct Billing Address:

Billing Address _____
 Street City State Zip

REGISTER ONLINE AT: txped.org/annual-meeting or CALL: (512) 370-1517 or FAX: (512) 473-8659
 or MAIL FORM TO: Texas Pediatric Society, 401 West 15th Street, Suite 682, Austin, TX 78701