

TEXAS ALP _____ ANNUAL EDUCATIONAL CONFERENCE

[City], Texas ■ [Dates]
REGISTRATION DEADLINE – [Date]

REGISTRATION FORM

Name _____

Address _____

City/State/ZIP _____

Daytime Phone _____

E-mail _____

Certifications

- ALS PLS PP
 CLA / CP CLAS / ACP RP
 TSC Other _____

Local Chapter _____

Current Texas ALP Position Held _____

Current Local Position Held _____

- NALS Life Member
 Texas ALP Past President
 This is my first Texas ALP meeting
 I want to be a Texas ALP PAL
 Special dietary request (contact Registration Chair)

FULL REGISTRATION FEES

- Texas ALP Member \$
 Nonmember \$
 Student \$

INDIVIDUAL EVENT REGISTRATION FEES

- Education Only - Member \$
 Education Only - Nonmember \$
 Education Only - Student \$
 Professional Development Luncheon – Member or Nonmember \$
 Recognition Luncheon - Member or Nonmember \$
 Presidents' Banquet – Member or Nonmember \$
 Open Forum / PYI Workshop – Member or Nonmember \$
 Business Session Only – Member or Nonmember \$0

Late Fee (postmarked after [Date])..... \$25

MEMBER'S GUEST REGISTRATION

- Professional Development Luncheon \$
 Recognition Luncheon \$
 Presidents' Banquet \$

Guest name _____

SCHEDULE OF EVENTS

Mark Each Event You Will Attend

[Modify this section to conform with meeting schedule]

Friday, [Date]

- 8:30 a.m. – 9:30 a.m. CLE - _____
 9:30 a.m. – 10:15 a.m. Provide Your Input Workshop
 10:30 a.m. – 11:30 a.m. NALS Open Forum
 11:30 a.m. – 1:00 p.m. Professional Development Luncheon
 1:30 p.m. – 2:00 p.m. Credentials Check-In
 2:00 p.m. – 5:00 p.m. Texas ALP Annual Meeting
 6:00 p.m. – 7:00 p.m. Welcome Reception

Saturday, [Date]

- 8:30 a.m. – 9:30 a.m. CLE – _____
 9:30 a.m. – 10:30 a.m. CLE – _____
 10:45 a.m. – 11:45 a.m. CLE – _____
 11:45 a.m. – 1:15 p.m. Recognition Luncheon
 1:30 p.m. – 2:30 p.m. CLE – _____
 2:30 p.m. – 3:30 p.m. CLE – _____
 3:45 p.m. – 4:45 p.m. CLE – _____
 6:30 p.m. – 7:00 p.m. Incoming President's Reception
 7:00 p.m. – 10:00 p.m. Presidents' Banquet

PAYMENT INFORMATION

Total Amount Due: \$ _____ (due with registration form)

Please make check payable to:

[Name]

(Federal Tax ID No.: [number])

Notice: A \$25 fee will be assessed for returned checks. Refunds requested and confirmed in writing (less a \$25 fee) will be made until [Date].

Meeting Chair:

[Name] ♦ [Email]

Mail Registration Form to:

[Name]

[Address]

[City/State/ZIP]

[Phone] ♦ [Fax] (fax)

[Email]

HOTEL INFORMATION

Reservations should be made directly with **[Hotel name]**, address, phone, fax]. Please identify yourself as a member of the **Texas Association of Legal Professionals**. Room rates are \$ _____ (single/double/triple/quad). **QUOTED ROOM RATES ARE AVAILABLE UNTIL [DATE].**