

# TEXAS ALP 20\_\_ FALL EDUCATIONAL CONFERENCE

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

## REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Daytime Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### **Certifications**

- |                              |                              |                                      |
|------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> ALS | <input type="checkbox"/> PLS | <input type="checkbox"/> PP          |
| <input type="checkbox"/> CLA | <input type="checkbox"/> CP  | <input type="checkbox"/> CLAS / ACP  |
| <input type="checkbox"/> TSC | <input type="checkbox"/> RP  | <input type="checkbox"/> 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 \$
- 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 ..... \$

Guest name \_\_\_\_\_

## SCHEDULE OF EVENTS

### Mark Each Event You Will Attend

**[Modify this section to conform with meeting schedule]**

### **Friday, [Date]**

- |  |                              |
|--|------------------------------|
| <input type="checkbox"/> 9:00 a.m. – 11:30 a.m.  | Texas ALP Committee Meetings |
| <input type="checkbox"/> 11:30 a.m. – 12:30 p.m. | Welcome Reception            |
| <input type="checkbox"/> 12:30 p.m. – 1:30 p.m.  | <i>Seminar</i>               |
| <input type="checkbox"/> 1:30 p.m. – 2:30 p.m.   | <i>Seminar</i>               |
| <input type="checkbox"/> 2:45 p.m. – 3:45 p.m.   | <i>Seminar</i>               |
| <input type="checkbox"/> 4:00 p.m. – 5:00 p.m.   | <i>Seminar</i>               |
| <input type="checkbox"/> 5:15 p.m. – 6:45 p.m.   | Open Forum / PYI Workshop    |

### **Saturday, [Date]**

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> 7:00 a.m. – 8:00 a.m.   | Breakfast                         |
| <input type="checkbox"/> 8:15 a.m. – 9:15 a.m.   | <i>Seminar</i>                    |
| <input type="checkbox"/> 9:30 a.m. – 10:30 a.m.  | <i>Seminar</i>                    |
| <input type="checkbox"/> 11:00 a.m. – 12:00 p.m. | <i>Seminar</i>                    |
| <input type="checkbox"/> 12:15 p.m. – 1:45 p.m.  | Professional Development Luncheon |
| <input type="checkbox"/> 2:00 p.m. – 2:30 p.m.   | Credentials Check-In              |
| <input type="checkbox"/> 2:30 p.m. – 5:30 p.m.   | Business Meeting                  |

## 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].**