



# Registration Form

## April 17-19, 2016

Fort Worth  
Convention Center

[www.texpoconference.org](http://www.texpoconference.org)

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or by **Mail** with check payable to  
TEXPO 2016, Dept. 390, P.O. Box 4346  
Houston, Texas 77210-4346

- Multiple registrations may be submitted on letterhead or duplicates of this form.
- Requests for refunds (*less a \$40 processing fee*) will be accepted if received in writing by March 31, 2016.
- Substitutions, in writing and within the same company, will be accepted at any time.
- Please Note: There will be a \$50 servicing fee for lost or replacement badges. Badges are **NOT** transferable.
- Business casual attire.



*Please indicate if you have any special needs that we can address to make your participation more comfortable.*

### Hotel Reservations

The conference will be held in the convention center.

**Omni Fort Worth Hotel** 800-THE-OMNI  
1300 Houston Street, Fort Worth, Texas 76102  
Single/Double Occupancy - \$209

**For online reservations go to [www.texpoconference.org](http://www.texpoconference.org) or call and ask for TEXPO 2016 special rates.**

*Please Note: Reserve early since these discounted rates are not guaranteed after March 28, 2016, and may sell out earlier.*

### Conference Registration Includes:

All Sessions, Keynote Speakers, CTP, GTOT & CPE Credits, Essential Learning for the CTP Candidate Course, CTP Practice Exam, 2 Breakfasts, 2 Keynote Luncheons, Exhibits, Conference Materials, Evening Receptions

### For registration information please contact:

Ruzek Conference Management - [cmruzek@gmail.com](mailto:cmruzek@gmail.com)

### For information regarding administrative policies and feedback contact:

Ruzek Conference Management  
17 Maltbie Road, Newtown, CT 06470  
203-426-3560 [rruzek@earthlink.net](mailto:rruzek@earthlink.net)

Name \_\_\_\_\_

Nickname for Badge \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Office Telephone \_\_\_\_\_

By **Fax** using a credit card, fax this form to 1-866-718-2596.  
*Do not follow up by mail. An email confirmation/receipt will be sent to you.*

Credit Card # \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

### Attendance Registration Fees (FEIN 74-3017428, Non-Profit Corp.)

	Practitioners Exhibitors & Sponsors	Vendors-Not Exhibiting or Sponsoring*	Fees Paid
Received prior to 3/8/16	<b>\$375</b>	<b>\$625*</b>	Registration \$ _____
Received 3/8/16 - 4/8/16	<b>\$420</b>	<b>\$675*</b>	Golf \$ _____
After 4/8/16 or On-Site	<b>\$445</b>	<b>\$725*</b>	Club Rental \$ _____
			<b>Total Paid \$ _____</b>

\*Applies to bankers, financial services and/or information providers who are not conference exhibitors or sponsors.



## TEXPO® Open Golf Classic Registration Form

Sunday, April 17th | 8:00am Shotgun Start | Cost per Player - \$135

Name \_\_\_\_\_

Handicap \_\_\_\_\_

Please Pair Me With \_\_\_\_\_ Name \_\_\_\_\_

Club Rental Fee: \$85

Name \_\_\_\_\_ Name \_\_\_\_\_

Right Hand  Left Hand