

TALI Convention 2009

In an effort to save you money on registration fees, we do not mail confirmations. If you include an e-mail address, you will receive an e-mail confirmation only.

Mail to TALI at PO Box 670344, Dallas, TX 75367

Or fax toll-free to 877-445-8254

I have read the cancellation policy and wish to attend the 2009 TALI Annual Convention, August 6-8, 2009, in Austin, TX.

Person Completing this Form _____
 Company Name _____
 Address _____
 City _____ State _____ Zip _____
 Business Phone _____ E-mail _____

REGISTRATION FEE: (Please note that *Guests DO NOT* receive CE Credit)
 (must be POSTMARKED by Thursday, July 23, 2009)

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 should be a
 number!>

PLEASE—TWO (2) PEOPLE MAXIMUM PER REGISTRATION FORM!!

_____	\$ 235 Association Member	\$ _____
_____	\$ 295 Non-Member	\$ _____
_____	\$ 150 Spouse/Guest	\$ _____
_____	\$ 125 Pre-Conference Seminar	\$ _____
_____	Number of Persons attending	Total Amount Enclosed

*****LATE REGISTRATION (at the door only)*****

\$285 Association Member ♦ \$345 Non-Member ♦ \$185 Spouse/Guest

REGISTRATION FEE COVERS: Tuition; CE Proof of Attendance; all hand-out materials; Vendor Reception (Thursday evening); Continental Breakfast (Friday & Saturday); buffet lunch (Saturday only); and entertainment (Friday evening).

Please—2 maximum per registration form. Please list all names registered with this form (PLEASE PRINT CLEARLY—this is the information used to make the name tags and prepare CE Forms!). Please mark the proper membership designation (Association Member, Non-Member, Guest), indicate the Association with which each person is affiliated (if applicable), indicate if the individual will attend any pre-conference functions, please provide the State License Number for EACH individual who will receive CE Credit, and please be sure to include each individual's e-mail address.

- Name _____
 Association Member / Association _____
 Non-Member Guest
 Pre-Conference Seminar - Texas Civil Process Skip Trace Hands-On Training CHL Training Privacy is Dead
Individual's e-mail address _____ State License Number _____
- Name _____
 Association Member / Association _____
 Non-Member Guest
 Pre-Conference Seminar - Texas Civil Process Skip Trace Hands-On Training CHL Training Privacy is Dead
Individual's e-mail address _____ State License Number _____

We are sorry, but we are unable to process incomplete and/or incorrect applications. These applications will be **returned** and could cause you to have to register at the "late registration" fee.

If paying by credit card, please complete the following:

Card type: MasterCard VISA AMEX Discover Amount Charged—\$ _____
 Card Number: _____
 Expiration Date: ____/____ (month and year — 00/0000) 3 or 4 digit security code: _____
 Name exactly as it appears on the Card: _____
 Billing Address: _____
 Billing City/State/Zip: _____
 Signature: _____

We **MUST** have your billing address **INCLUDING** city/state/zip. You **MUST** sign this form.

If you fail to include any of these items, we will have to return your registration form to you.