

**ALL FIELDS REQUIRED.**

Your Conference Attendance:  First Time!!!  my # \_\_\_\_\_ year

How many years have you been in the risk management profession? \_\_\_\_\_

First & Last Name \_\_\_\_\_

Professional Credentials/Certifications \_\_\_\_\_

TDI License # \_\_\_\_\_

Entity/Employer \_\_\_\_\_

Work Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Special Needs (ADA) \_\_\_\_\_

## SIGN ME UP for the 2021 TEXAS PRIMA CONFERENCE!

	OCTOBER 15 OR EARLIER		OCTOBER 16 OR LATER	
Public Entity	Live Option <input type="checkbox"/> \$ 380*	Virtual Option <input type="checkbox"/> \$ 175*	Live Option <input type="checkbox"/> \$ 405*	Virtual Option <input type="checkbox"/> \$ 200*
Risk Pool	Live Option <input type="checkbox"/> \$ 555*	Virtual Option <input type="checkbox"/> \$ 275*	Live Option <input type="checkbox"/> \$ 580*	Virtual Option <input type="checkbox"/> \$ 300*
Corporate	Live Option <input type="checkbox"/> \$ 630*	Virtual Option <input type="checkbox"/> \$ 375*	Live Option <input type="checkbox"/> \$ 655*	Virtual Option <input type="checkbox"/> \$ 400*
Student**	Live Option <input type="checkbox"/> \$ 175*	Virtual Option <input type="checkbox"/> \$ 30*	Live Option <input type="checkbox"/> \$ 200*	Virtual Option <input type="checkbox"/> \$ 55*

(\*\*Must provide proof of status)

**OPT OUT OF EVENTS:**

For the registrants who will be joining us in Galveston, if you need to miss a conference function, please let us know. This helps us plan for the proper number of guests by those not able to attend “opting-out.”

- Sunday – Welcome Reception ..... 6:00 PM – 7:00 PM
- Monday – Grand Opening of Exhibit Hall/Lunch in Exhibit Hall ..... 11:45 AM – 1:00 PM
- Monday Night Networking & Dinner ..... 7:00 PM – 12 AM Midnight
- Tuesday – Awards Luncheon ..... 12:00 PM – 1:15 PM

**PLEASE NOTE:** Attendance at Texas PRIMA events constitutes an agreement by the attendee to Texas PRIMA’s use and distribution of the attendee’s images or voice in photographs, and recordings of such events and activities. Unless you inform Texas PRIMA that you object, permission is assumed.

# PAYMENT INFORMATION

**PAY ONLINE**  
**USE THIS LINK**

**E-MAIL**  
info@texasprima.org

**MAIL:** Register & pay via check or credit card:  
**TEXAS PRIMA, P.O. BOX 92373, AUSTIN TX 78709**

## ONSITE CONFERENCE REGISTRATION INCLUDES:

- Exhibit Hall & Session Access
- Welcome Reception
- Monday Night Networking & Dinner (1 ticket)
- Sponsor Appreciation Reception
- (2) Luncheons
- One-year Texas PRIMA Membership\*  
\*Public Entity \$75 | Risk Pool \$150  
Corporate \$225 | Student \$10

OPT ME OUT of the Texas PRIMA MEMBERSHIP  
(fee remains the same)

## VIRTUAL CONFERENCE REGISTRATION INCLUDES:

- Access via online link to the virtual conference to live and pre-recorded on demand sessions
- Continuing education for select sessions
- Opening and closing keynote sessions
- Virtual exhibit hall with opportunities to network one-on-one with exhibitors
- Virtual networking lounge
- Access to the conference app – interact with virtual and in person attendees and raffle prizes

## FEES DUE/SUBTOTAL

Complete this section, indicating corresponding payment amounts; enter total in TOTAL PAYMENT DUE / ENCLOSED below.

### CONFERENCE REGISTRATION FEE

(from the registration option that you selected)..... \$ \_\_\_\_\_

### PUTT / PAMPER / FISHING (check one)

\$20 GOLF Public Entity  \$20 SPA Public Entities only *offer valid thru Oct. 2 only*  
 \$80 GOLF Corporate  \$0 FISHING Public Entities only ..... \$ \_\_\_\_\_

**EXTRA TICKETS** (purchase ONLY if you are NOT a conference registrant or need tickets in addition to the event tickets included with registration)

Monday Night Networking & Dinner \$65 each x \_\_\_\_\_ extra tickets \$ \_\_\_\_\_  
 Monday Lunch with Exhibitors \$50 each x \_\_\_\_\_ extra tickets \$ \_\_\_\_\_  
 Tuesday Awards Luncheon \$50 each x \_\_\_\_\_ extra tickets \$ \_\_\_\_\_

### TOTAL PAYMENT DUE / ENCLOSED

(must equal amounts indicated in fees due / SUBTOTAL section above) \$ \_\_\_\_\_

### SELECT PAYMENT TYPE

MASTERCARD  VISA  AMEX  CHECK (For payment by check, do not staple payment to form.)

Card Number \_\_\_\_\_ Security Code (required) \_\_\_\_\_

Cardholder Phone Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Printed Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

