

# TEXAS PRIMA REGISTRATION FORM

CLICK HERE TO REGISTER ONLINE  
at [texasprima.org](http://texasprima.org)

## 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 2020 TEXAS PRIMA CONFERENCE!

	OCTOBER 16 OR EARLIER	OCTOBER 17 OR LATER
Public Entity	Virtual Option <input type="checkbox"/> \$ 150*	Virtual Option <input type="checkbox"/> \$ 175*
Risk Pool	Virtual Option <input type="checkbox"/> \$ 250*	Virtual Option <input type="checkbox"/> \$ 275*
Corporate	Virtual Option <input type="checkbox"/> \$ 350*	Virtual Option <input type="checkbox"/> \$ 375*
Student*	Virtual Option <input type="checkbox"/> \$ 20	Virtual Option <input type="checkbox"/> \$ 20

(\*Must provide proof of status)

**VIRTUAL CONFERENCE REGISTRATION INCLUDES:** Access via online link to the virtual conference via personalized code for access to live and pre-recorded sessions, continuing education for select sessions, keynote sessions, virtual exhibit hall with opportunities to network with exhibitors and other attendees in the virtual networking lounge, raffle prizes and a one-year Texas PRIMA Membership\*

\* Public Entity \$75 ... Risk Pool \$150 ... Corporate \$225  **OPT ME OUT of the Texas PRIMA MEMBERSHIP** (Fee remains the same)

## PAYMENT INFORMATION

**WAYS TO PAY: ONLINE**

[texasprima.org](http://texasprima.org)

**E-MAIL**

[info@texasprima.org](mailto:info@texasprima.org)

**MAIL:** Register & pay via check or credit card:

**TEXAS PRIMA, P.O. BOX 4693, AUSTIN TX 78765**

## 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 above)..... \$ \_\_\_\_\_

## SELECT PAYMENT TYPE

MASTERCARD  VISA  AMEX  CHECK (For payment by check, do not staple payment to form; please attach with paperclip.)

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

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

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

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