texas prima.org

TODAY'S DATE:	Eve	ent Registration
ATTENDEE(s) NAME(s):		
TITLE(s):		
EMAIL(s):		
COMPANY NAME:		
MAILING ADDRESS:		
DESCRIPTION:	Texas PRIMA Regional Management Se	minar
DATE / LOCATION:		
AMOUNT DUE:		
\$10 / Texas P	RIMA members	
\$25 / Non-mei	mbers	
PAYMENT TYPE:		
check		
credit card	Card Type	
	Card Number	
	Expiration DateSe	ecurity Code
	Name of Cardholder	
	Billing Address (if different from above)	



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