

2012 TVMA ANNUAL CONFERENCE – October 15 - 17

Embassy Suites, San Marcos, TX EXHIBITOR REGISTRATION FORM

Company Name: _____ Company Representative: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

I am unable to attend the annual conference but have enclosed my \$25 general membership fee. Membership is included in annual conference registration

REGISTRATION LEVELS AND BENEFITS (Please check ONE Only) For More Details Or To Register Go To TVMA.net

| Check One | Level | Conference Registrations | Booth Space | Special Web Recognition | CLIP Advertising | Cost |
|---------------------------------|----------|--------------------------|-------------|-------------------------|------------------|-----------|
| | PLATINUM | 2 | Yes | YES | YES | \$2,000 |
| | GOLD | 1 | Yes | YES | YES | \$1,500 |
| | SILVER | 1 | Yes | YES | YES | \$1,000 |
| | BRONZE | 1 | Yes | YES | NO | \$650 |
| Line 1 Total Amount Due: | | | | | | \$ |

ADDITIONAL OPTIONS (Check all that apply)

| Quantity | Description of Option | Conference Registrations | Special Recognition | Cost | Each Extension |
|----------|--|---------------------------|---------------------|---|----------------|
| | Additional conference attendees List additional attendees below | 1 | None | \$100 by 9/14/12 \$125 after 9/14/12 | |
| | Training Seminar attendees List additional attendees below | 1 | None | \$100 by 9/14/12 \$125 after 9/14/12 | |
| | Spouse or Guest Pass (banquets, luncheons, social, breaks) | 1 | None | \$75 | |
| | Golf Tournament Sponsorship | None | Yes | \$100 | |
| | Scholarship Golf Tournament Entry | 12:30 Shotgun Start | | \$80 | |
| | Scholarship Sponsor | Raffle Ticket Recognition | | \$200 | |
| | | | | Line 2 Amount Due | \$ |
| | | | | Total Due TVMA:Sum of Line 1 and 2 | \$ |

Additional Attendees Information

Attendee 1

Attendee 2

Attendee 3

Attendee 4

Attendee 5

Attendee 6

PAYMENT OPTIONS (Please select ONE)

Check Enclosed -or- MasterCard Visa Discovery American Express

Check being Processed by Company (payable to TVMA)

Credit Card Number: _____ Expires: _____ Security Code: _____

Name on Card (if different than above): _____

City: _____ State: _____ Zip: _____

Mail Form with Payment to TVMA –c/oCHB Consulting, 145 W Travis, La Grange TX 78945
Fax: 979-968-5624 Email:dustin.dippel@chbinc.org
For More Information – Contact Larry Mauldin at 830-864-5363 or Walter Hambrick 713-803-5564