



TACDC CONFERENCE REGISTRATION FORM

Payment must accompany this form in order to guarantee your advance registration.
One registration form per person. Please duplicate form if necessary.

Name (Last): _____ (First): _____
 Title: _____
 Organization: _____
 Address: _____
 City, State, Zip: _____
 Phone: () _____ Fax: () _____
 E-mail: _____

Are you a member of TACDC? **Yes** **No**

- Check here if you will join TACDC today, in order to take advantage of the Member rate for the conference. Visit www.tacdc.org, for our membership application.
- Check here if you are interested in information on the trainings or contact Eduardo, at Eduardo@tacdc.org.

	TACDC Members		Non-TACDC Members	
	Early** Registration	March 6- Onsite	Early Registration	March 6- Onsite
First Person from Organization	\$ 200.00	\$ 250.00	\$ 300.00	\$ 350.00
Each Additional Person	\$ 150.00	\$ 200.00	\$ 250.00	\$ 300.00
Training on March 18 – Add-on	\$ 50.00* ea	\$ 50.00* ea	\$ 100.00 ea	\$ 100.00 ea

In order to obtain the early registration rates, we must receive your payment by the deadline above.

*Training is free to TACDC members who register to attend the conference.

**Entry into Wednesday AM \$1000.00 Drawing.

MEMBERS: Only early registrants are eligible for the Wachovia scholarship. If selected, your registration fees will be credited. Go to http://tacdc.org/documents/Form_WachoviaScholarship.pdf, for more information, and to access the Wachovia Scholarship form.

PAYMENT

- \$ _____ First Person
- \$ _____ Additional Person
- \$ _____ Training Add-on

- Enclosed is my check made payable to "TACDC."
- By filling out this section, I am authorizing TACDC to charge my credit card listed below, for the amount written above.

TOTAL AMOUNT

\$

CANCELLATIONS: The registration fee is non-refundable, but fully transferrable to another person by March 16, 2009.

Cardholder Name: _____ Exp (MM/YYYY): _____

Account Number: _____ Billing ZIP: _____