



REGISTRATION FORM
Texas Public Information Act
Double Tree Hotel
Austin, Texas
March 28 – 29, 2018

Name: _____

1. _____ Title: _____
(Please Print)

Email address: _____ PID# _____

2. _____ Title: _____

Email address: _____ PID# _____

3. _____ Title: _____

Email address: _____ PID# _____

Name of Agency/Organization: _____

Address: _____
Street or Box City Zip

Phone: _____ E-Mail _____

TPA Member Registration\$250.00 each
Non-Member Registration\$280.00 each

Total Amount \$ _____

Return to: Texas Police Association
P. O. Box 4247
Austin, TX 78765-4247
(512) 458-3140 Fax 458-1799
Email: mona@texaspoliceassociation.com

No refunds, replacements welcome.

_____ American Express _____ Discover _____ MasterCard _____ Visa

Name (on card): _____

Card Number: _____ Exp. Date: _____ Sec. Code _____

Signature: _____ Today's Date: _____

_____ CASH _____ CHECK/MONEY ORDER