

If you do not wish to register online, please print this form, fill out, and either mail or fax to address below.



# Registration Form

## 18th ANNUAL TMPAA SUMMIT

**Where Program Business Gets Done!**

**October 22-24, 2018—Westin Kierland, Scottsdale, AZ**

Name (as you want it to appear on your name tag) \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website \_\_\_\_\_ Tel ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail (required) \_\_\_\_\_ Cell\* ( \_\_\_\_\_ ) \_\_\_\_\_

\*Cell numbers will only be used in the printed attendee list distributed at the event and mobile app.

Position:  Company Owner  Program Director  Underwriter  Marketing

Other (Specify) \_\_\_\_\_

List up to three programs you currently administer for Attendee list—Please do not omit this information:

\_\_\_\_\_  
\_\_\_\_\_

**Membership Status/Conference Fee:**

Member—\$995  Non-Member (First time attendee)—\$1195

**Questions?** Please call the TMPAA Membership Director: 302-268-1013

Would you care to make a donation to TMPAA Charities? .....\$ \_\_\_\_\_

**TOTAL** .....\$ \_\_\_\_\_

**Pay Options:**

Check (payable to Target Markets) \_\_\_\_\_ Card \_\_\_\_\_ Exp \_\_\_\_\_

Credit Card:  Visa  Mastercard  AMEX No. \_\_\_\_\_ Date: \_\_\_\_\_

Meeting Credit (Previously approved by the TMPAA)

CVV Number (Required on Credit Card Purchases):

Name on Card (Please Print): \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(if different from above)

VISA—3 digit number on back of card (right of signature)  
MC—3 digit number on signature panel on back of card  
AMEX—4 digit number on front of card

**DON'T FORGET . . .**  
**Book your room at the Westin.**  
**See TMPAA website for details.**

*Please Return This Form to: **Ray Scotto***  
**Target Markets Program Administrators Association**  
3411 Silverside Rd., Baynard Bldg. Suite 100  
Wilmington, DE 19810 Fax: (877) 892-4437  
E-mail: [ray.scotto@targetmkt.com](mailto:ray.scotto@targetmkt.com)