

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



Carrier/Vendor Registration Form

17th ANNUAL TMPAA SUMMIT

Where Program Business Gets Done!

October 16-18, 2017—Westin Kierland, Scottsdale, AZ

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

Position _____

Company _____

Address _____

City _____ State _____ Zip _____

Tel (____) _____ Cell*(____) _____ E-mail (required) _____

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

Do you have a non-member Program Administrator you would like to invite to this event?

Program Administrator Referrals: non-members attending for the first time, will be invited to the SUMMIT at the **member meeting fee** as a result of your referral. *Please provide contact information and we will send Target Markets material and an invitation in your name to this event.*

CONFERENCE FEE: \$995 | 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) _____
Name on Card (Please Print): _____

Required on Billing Address _____
Credit Card (if different from above) _____

Purchases: CVV Number: _____

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

Signature: _____
(SIGNATURE MUST MATCH NAME ON CARD)

DON'T FORGET . . .
Book your room at the
Westin Kierland. 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