



## MEMBER REGISTRATION FORM

Please Print \_\_\_\_\_ TCLEOSE PID # \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company / Agency: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Registration Information

Full registration includes: Exhibits, seminars, Luncheon (check applicable fees)

#### CONFERENCE REGISTRATION

#### EARLY REGISTER

#### LATE REGISTER

(Prior to Mar. 29th)

_____ APCO Member # _____	\$80	\$90
_____ Non- APCO Member	\$90	\$105
_____ Member Spouse	\$35	\$45
_____ Non-Member Spouse	\$45	\$55
_____ Day Pass (member or non-member)	\$45	\$55

#### Special Needs

\_\_\_\_\_ Yes, I have a special handicap or dietary need. (Contact Keith Bickley or Kim Killion)

### Payment Method

\_\_\_\_\_ Enclosed is a check for \$ \_\_\_\_\_ make payable to the Texas APCO

\_\_\_\_\_ Enclosed Purchase Order # \_\_\_\_\_

\_\_\_\_\_ Charge to: (Circle only one) **AMEX**    **VISA**    **MASTER CHARGE**

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print this page,  
mail or fax registration to:

**Register online  
at [www.txapco.org](http://www.txapco.org)**

**Kim Killion, Registration Chair  
North Richland Hills, P.D  
P.O. Box 820609  
North Richland Hills, TX 76182  
(817) 427-7194 Fax (817) 427-7121**