

Annual State TAAP Conference on Addiction Studies

2023 Registration Form

To Register Please Complete This Form Print all information and return

By Mail : TAAP Conference Headquarters P.O. Box 342343 Austin, TX 78734, by fax: (888) 506-8125

OR Register Online: www.taapstateconference.org Registration deadline - October 1

Hotel & Conference Details on-line at www.taapstateconference.org or call (512) 708-0629

***All cancellations are subject to a \$25 administrative fee. ***The cut-off date for cancellations is October 1.

NAME _____ CREDENTIALS _____

ADDRESS _____ CITY/STATE/ZIP _____

E-MAIL ADDRESS _____

PRIMARY PHONE _____ OTHER PHONE _____

I will want CEUs for: () DSHS/TAAP/TCB () Other License (specify) _____

Please mark your selections ...

Note: FULL REGISTRATION includes: Friday, Saturday and Sunday workshops, Saturday Awards Lunch, all breaks and exhibits.

DAILY REGISTRATION includes: Each day's events ONLY (Saturday's registration includes the Annual Awards Lunch).

PRE-CONFERENCE

Thursday, October 19th
All Participants

Regular

(By 9/30/2023)
() \$75

Late

(10/1/2023-At the Door)
() \$100

PAY-PER-DAY (Daily Rate)

(Based on rate selected)

I will be attending on...

() Friday, Oct. 20th

() Saturday, Oct. 21st

() Sunday, Oct. 22nd

\$ _____ per day for _____ day(s)

FULL CONFERENCE

(pre-conf not included)

TAAP Member

Regular

(By 9/30/2023)

() \$295

Late

(10/1/2023-At the Door)

() \$320

Non-Member

() \$345

() \$370

Peer

() \$115

() \$140

Student

() \$115

() \$140

PAY-PER-DAY

(pre-conf not included)

TAAP Member

Regular

(By 9/30/2023)

() \$135

Late

(10/1/2023-At the Door)

() \$160

Non-Member

() \$145

() \$170

Additional AWARDS LUNCH Meal Tickets

(Non-conference attendees or non-Saturday registered attendees)

_____ Tickets @ \$50 per ticket \$ _____

NOTE: The Awards Lunch Meal Ticket is included with FULL Conference Registration and SATURDAY DAILY registration.

\$ _____ **TOTAL FEE ENCLOSED**

Payment Information

() Enclosed is my check (payable to TAAP) Check # _____

For Credit Card Payment, Please FILL OUT THE FOLLOWING INFORMATION:

Card # _____ () VISA () MasterCard () Discover () AMEX

Name on Card _____ Exp. Date _____ CVV _____

Billing Address _____ City/State/Zip _____

Authorized Signature _____