

Annual State TAAP Conference on Addiction Studies

2025 Registration Form

THE NOBLE QUEST AGAINST ADDICTION AT THE TAAP ROUND TABLE

Hyatt Regency Hill Country Spa & Resort San Antonio, Texas · September 3-6, 2025

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 - August 18, 2025

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 August 18.

NAME _____ CREDENTIALS _____
 ADDRESS _____ CITY/STATE/ZIP _____
 E-MAIL ADDRESS _____
 PRIMARY PHONE _____ OTHER PHONE _____

Please mark your selections ...

Note: FULL REGISTRATION includes: Thursday, Friday and Saturday workshops, all breaks and exhibits.
 DAILY REGISTRATION includes: Each day's events ONLY.



FULL CONFERENCE

Early Bird

Regular

Late

(By 7/14/2025)

(By 8/18/25)

(8/19/25-At the Door)

TAAP Member	() \$255	() \$295	() \$320
Non-Member	() \$305	() \$345	() \$370
Peer	() \$115	() \$115	() \$140
Student	() \$115	() \$115	() \$140

PAY-PER-DAY (Daily Rate)

(Based on rate selected)

I will be attending on...

- () Thursday, September 4
- () Friday, September 5
- () Saturday, September 6

\$ _____ per day for ____ day(s)

PAY-PER-DAY

Early Bird

Regular

Late

(By 7/14/2025)

(By 8/18/25)

(8/19/25-At the Door)

TAAP Member	() \$120	() \$135	() \$160
Non-Member	() \$135	() \$145	() \$170
Peer	() \$75	() \$75	() \$100
Student	() \$75	() \$75	() \$100

AWARDS LUNCH Meal Tickets

_____ Tickets @ \$30 per ticket \$ _____

NOTE: The Awards Lunch Meal Ticket is **NOT** included with FULL Conference Registration and FRIDAY DAILY registration.

\$ _____ TOTAL FEE ENCLOSED

Payment Information

(Please note: No cash will be accepted for payment at the conference)

() 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 _____

