

2026 Registration Form

Pirates of Recovery "Charting New Waters"



The 52nd Annual State TAAP Conference on Addiction Studies
September 8-11, 2026 Hyatt Regency Hill Country Spa & Resort San Antonio, Texas

To Register Please Complete This Form

Print all information and return - by mail : TAAP Conference Headquarters P.O. Box 342343 Lakeway, TX 78734,
by fax: (888) 506-8125, or by email admin@taap.org

OR Register Online: www.taapstateconference.org Registration deadline - August 18, 2026

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

**All cancellations are subject to a \$30 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: Wednesday, Thursday and Friday workshops, all breaks and exhibits.

DAILY REGISTRATION includes: Each day's events ONLY.



FULL CONFERENCE

Early Bird

(By 7/14/2026)

Regular

(By 8/18/26)

Late

(8/19/26-At the Door)

PAY-PER-DAY (Daily Rate)

(Based on rate selected)

TAAP Member
Non-Member
Peer
Student

() \$255
() \$305
() \$115
() \$115

() \$295
() \$345
() \$115
() \$115

() \$320
() \$370
() \$140
() \$140

I will be attending on...
() Wednesday, September 9
() Thursday, September 10
() Friday, September 11

PAY-PER-DAY

Early Bird

(By 7/14/2026)

Regular

(By 8/18/26)

Late

(8/19/26-At the Door)

\$ _____ per day for _____ day(s)

TAAP Member
Non-Member
Peer
Student

() \$120
() \$135
() \$75
() \$75

() \$135
() \$145
() \$75
() \$75

() \$160
() \$170
() \$100
() \$100

AWARDS LUNCH Meal Tickets

_____ Tickets @ \$30 per ticket \$ _____

NOTE: The Awards Lunch Meal Ticket is **NOT** included with FULL Conference Registration nor FRIDAY DAILY registration.

Payment Information

\$ _____ TOTAL FEE ENCLOSED

(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 _____