



Summer Leadership Conference & Board Meeting

May 30 – 31, 2019 (Thursday-Friday)

The San Luis Resort Spa & Conference Center, Galveston, TX



Suit up and bring the family to Galveston for some fun in the sun!

Thursday, May 30, 2019 (Tentative)

7:00am - 11:00am	Morning Fishing Charter - pending
2:30pm – 5:00pm	Board of Directors Meeting & Conference Introduction
6:00pm – 7:30pm	Welcome Reception by the pool <i>(weather permitting)</i>

Friday, May 31, 2019

8:00am – 8:30am	Continental Breakfast and Coffee with Exhibitors
8:30am – 12:00pm	Leadership Conference - Round Tables: Membership
10:00am – 10:30am	Break with Exhibitors
12:00pm – 1:30pm	Plated Lunch with Guest Speaker
1:30pm	Program Ends

HOTEL INFORMATION: The San Luis Resort, 5222 Seawall Blvd., Galveston, TX 77551 Phone: 409-744-1500. Call the hotel and tell them you are with the Texas Pest Control Association room block to receive the discounted rate of \$189 + plus tax (Wed & Thurs) and \$229 + tax (Friday). This resort does have a \$8.00 per room, per night resort fee. Cut off for the discounted hotel rate is Thursday, May 9, 2019. Check in is 4:00pm, check out is 11:00am. Self parking is \$8.00 per day; Valet Overnight is \$22 per day; Short term valet parking is \$9.00.

REGISTRATION FORM

May 30 – May 31, 2019 – Galveston, Texas

Name(s): _____

Company: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email Address: _____

Register by 5/22

After 5/22 & On-Site Fee

Registration Fee \$125 per person X _____ = _____ total \$150 per person X _____ = _____ total

Guest Ticket \$50 per person X _____ = _____ total \$75 per person X _____ = _____ total
(includes reception & lunch only)

PAYMENT INFORMATION:

Check or Money Order - Payable to TPCA. Fax your registration form to 512-954-9664 and mail your payment and form to: TPCA, P.O. Box 1684, Austin, TX 78767. **Payment MUST be received by May 22, 2019 to avoid the \$25 late fee charge. Cancellations received after 5/22/19 will be charged a \$25 cancellation fee.**

Credit Card (Fax this form to TPCA – 512-852-6772) **Check One:** Visa MasterCard Discover AMEX

Card #: _____ Exp Date: _____ Security Code: _____ Total Amount: _____

Print Name on Card: _____ Signature: _____

Billing Address: _____ City: _____ ST: _____ Zip: _____