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## Exhibitor & Sponsor Registration Form

### **2017 Pest Alliance & Annual Meeting (Thursday- Friday) December 7-8, 2017, San Antonio, TX**

The 2017 Pest Alliance & Annual Meeting will be held at the Menger Hotel (204 Alamo Plaza, San Antonio, TX 78205). For hotel accommodations call the hotel at 210-223-4361 and ask for the Texas Pest Control room block to receive the \$129 + room rate. **This rate is good until 11/21/17.** Your support will be acknowledged throughout the meeting via signage, ribbons, and listing in 1 magazine! **All categories include 1-6' table top exhibit, 2 full registrations and lunch for 2 on Friday.** If you prefer to be a sponsor without exhibiting, please indicate below.\*\*

*Circle the appropriate category*

**Membership Luncheon - \$1,500**  
Includes table top exhibit \*\*

**Continental Breakfast - \$700**  
Includes table top exhibit \*\*

**Reception at Wax Museum - \$1,200**  
Includes table top exhibit \*\*

**Board Meeting Sponsor - \$550**  
Includes table top exhibit \*\*

**Wax Museum Tickets & Souvenir Photo - \$600**  
Includes table top exhibit \*\*

**Coffee Break Sponsor - \$400**  
Includes table top exhibit\*\*

**Past Presidents Breakfast – \$750**  
Includes table top exhibit \*\*

**Overall Sponsorship - \$\_\_\_\_\_**

**\*\* Do you want the table top exhibit? \_\_\_Yes \_\_\_No**

**EXHIBIT ONLY: TPCA Member - \$250 // Non-Member - \$450**

**Additional booth worker badges #\_\_\_\_\_ x \$50 each = \$\_\_\_\_\_**  
*(includes lunch on Friday)*

**Additional lunch tickets on Friday #\_\_\_\_\_ x \$30 each = \$\_\_\_\_\_**

**TOTAL AMOUNT ENCLOSED: \$\_\_\_\_\_**

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Do you need electricity? \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Complimentary Registrations/Booth Worker Name(s) for badges: attach additional sheet if needed**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**METHOD OF PAYMENT – Make checks payable to TPCA**

Visa/Mastercard American Express Discover Check # \_\_\_\_\_ Amount \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Expires \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Security Code \_\_\_\_\_