

If you do not wish to register online, please print this form, fill out, and either mail or fax to address below.



Carrier/Vendor Registration Form

Target Markets Program Administrators

TENTH ANNUAL TMPAA SUMMIT

The Most Intensive Three Days of Program Related Issues You'll Ever Experience!

October 18-20, 2010 —Westin Kierland, Scottsdale AZ

Name _____

Position _____

Company _____

Address _____

City _____ State _____ Zip _____

Tel (_____) _____ Fax (_____) _____ E-mail (required) _____

Do you have a non-member Program Administrator you would like to invite to this event:

Program Administrator Referrals: non-members attending for the first time, will be invited to the Tenth Annual TMPAA Summit at the **member-meeting fee** as a result of your referral. *Please provide contact information and we will send Target Markets material and an invitation in your name to this event.*

CONFERENCE FEE: \$775 Would you care to make a donation to **TMPAA Charities?** \$ _____

TOTAL\$ _____

Pay Options: Check (payable to Target Markets) or Credit Card: Visa Mastercard AMEX

CVV Number: Card No. _____ Exp Date: _____

VISA-3 digit number on back of card (right of signature)
MC-3 digit number on signature panel onback of card
AMEX-4 digit number on front of card

Signature: _____

How can we assist in making this a successful Meeting?

Will attend the Leadership 2.0 (Under 40) Program on Monday Oct. 18, Time TBA

DON'T FORGET
to book a room at the Westin Kierland. See TMPAA website for details.

Please return this form to: **Ray Scotto**
Target Markets Program Administrators Association
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