



2011 Conference Attendance:

FULL Weekend – 2 Day Pass \$120 (individuals only)

½ Weekend – 1 Day Pass \$95 (individuals only)

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|------------------|--------------------------------|-------------------|-----------------------|--|
| Last Name | Suffix (Jr., Sr., etc.) | First Name | Middle Initial | |
|------------------|--------------------------------|-------------------|-----------------------|--|

| | | | | |
|---------------|-------------|---------------|--------------|------------|
| Street | City | County | State | Zip |
|---------------|-------------|---------------|--------------|------------|

| | | |
|-------------------|-------------------|-------------------|
| Home Phone | Work Phone | Cell Phone |
|-------------------|-------------------|-------------------|

Email Address

| | |
|---------------|--------------------|
| BRPT # | Credentials |
|---------------|--------------------|

Place of Employment

| | | | | |
|---------------|-------------|---------------|--------------|------------|
| Street | City | County | State | Zip |
|---------------|-------------|---------------|--------------|------------|

Primary Job Responsibility:

Director **Staff Technician** **Medical Director** **Instructor** **Sales** **Student**

I hereby submit payment for TSSP Annual Conference 2011 and understand this payment includes dues for **12 MONTHS (OCTOBER to OCTOBER) as TSSP Member**. When approved for membership, I will abide by TSSP's bylaws and professional code of ethics. I hereby authorize investigation of all statements contained herein and I understand that misrepresentation or omission of facts called for will be cause for rejection or expulsion. I also understand that membership dues payments made to the TSSP, Inc are not deductible as charitable contributions for federal income tax purposes.

Member Signature

Date