

SUPPLIER REGISTRATION FORM

For the Annual Meeting of
The Texas Chapter of the American Academy of Orthotists and Prosthetists
Austin Sheraton, Austin, Texas, (512) 478-1111
August 6-7, 2010

Company Name

Street

City

State, Zip Code

Company Phone Number

Contact and E-mail address

Please reserve _____ 6' Table(s), at the following rate:

Prior to July 10, 2010: \$350.00 / table

After July 10, 2010: \$450.00 / table

Table(s) x Rate \$ _____

Each table reserved will entitle the company to two (2) Free Individual Registrations

Additional Individual Registrations: \$100.00 / person \$ _____

(Table(s) x Rate) + Additional Registrations = **TOTAL \$** _____
(Take \$100.00 off total for workshop presenters)

Electrical Hook-up (no additional charge): 120 Volt 220 Volt N/A

Company Representative Name(s) (For Name Tags)

Provide a contact name and number, if you would like to sponsor the Friday evening reception:

Name: _____ Phone: _____

If you would like to contribute a prize for the Exhibit Hall Bingo Game, then please provide a full description. _____

Make checks payable to: TCAAOP

Send registration form to: Jonathan Cassens CPO, LPO, TCAAOP Secretary/Treasurer
PO Box 6284, Bryan, Texas 77805-6284, Fax: 979-776-8447, ctopl@aol.com

Questions regarding Supplier set up times and details contact:
Scott Jameson CPO, LPO, TCAAOP Vice President,
4601 Hartford, Abilene, TX 79605, Phone: 325.793.3480, sjameson@wtrc.com