



MEMBER REGISTRATION FORM

Please complete all sections & print legibly and FAX TO 631.910.2027

2011 TAOP ANNUAL CONFERENCE - APRIL 14-16,2011

| FIRST NAME | | MI | LAST NAME | | NICKNAME | DESIGNATION |
|-----------------------------------|-------|-----------------------------|-----------|--------------------------------------|--------------|-------------|
| | | | | | | |
| ABC # | BOC # | TEXAS LICENSE # | | OTHER STATE # | COMPANY NAME | |
| | | | | | | |
| STREET ADDRESS | | | | CITY | STATE | ZIP CODE |
| | | | | | | |
| TELEPHONE NUMBER (WITH AREA CODE) | | FAX NUMBER (WITH AREA CODE) | | EMAIL ADDRESS – WRITE LEGIBLY PLEASE | | |
| | | | | | | |

2011 ANNUAL DUES – All TAOP Member Conference Registrations MUST INCLUDE YOUR ANNUAL DUES

| | |
|--|----|
| Active Membership Dues - \$100 (Active Voting Membership) | \$ |
| Associate Membership Dues - \$75 (Non Voting, Out of State & Student Membership) | \$ |
| ADD ANNUAL DUES COLUMN AND ENTER AMOUNT HERE | \$ |

2010 CONFERENCE REGISTRATION

| CHECK ALL THAT APPLY (Registrations must be received by MARCH 31, 2011 to avoid late fees) | PRICE | |
|---|-------|------|
| <input type="checkbox"/> Member Conference Registration Fee (DID YOU ENTER YOUR ABC, BOC and/or TEXAS LICENSE #?) | \$100 | \$ |
| <input type="checkbox"/> Non Member Conference Registration Fee | \$275 | \$ |
| <input type="checkbox"/> Emeritus Conference Registration Fee | FREE | FREE |
| <input type="checkbox"/> Student Conference Registration Fee | \$50 | \$ |
| <input type="checkbox"/> Additional Late Registration Fee (RECEIVED AFTER MARCH 31, 2011) | \$50 | \$ |
| <input type="checkbox"/> On Site Registration Fee – (After April 7, 2011 you must Register Onsite) | \$100 | \$ |
| ADD REGISTRATION COLUMNS AND ENTER AMOUNT HERE | \$ | |

THURSDAY WORKSHOPS – ADDITIONAL \$50.00 EACH – REFER TO COURSE SCHEDULE (2 PCE CREDITS EACH)

| | |
|---|----|
| <input type="checkbox"/> Course #502 1:00PM – 3:00PM – ORION KNEE CERTIFICATION COURSE – ENDOLITE \$50.00 | \$ |
| <input type="checkbox"/> Course #503 3:30PM – 5:30PM – TORCH ORTHOSIS - \$50.00 | \$ |

FRIDAY WORKSHOPS – ADDITIONAL \$50 EACH (check all that apply – REFER TO COURSE SCHEDULE – 2 PCE CREDITS EACH)

| | | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------------|----|
| <input type="checkbox"/> Course #101 | <input type="checkbox"/> Course #102 | <input type="checkbox"/> Course #103 | <input type="checkbox"/> Course #104 | \$ |
| <input type="checkbox"/> Course #201 | <input type="checkbox"/> Course #202 | <input type="checkbox"/> Course #203 | <input type="checkbox"/> Course #204 | \$ |
| <input type="checkbox"/> Course #301 | <input type="checkbox"/> Course #302 | <input type="checkbox"/> Course #303 | <input type="checkbox"/> Course #304 | \$ |
| <input type="checkbox"/> Course #401 | <input type="checkbox"/> Course #402 | <input type="checkbox"/> Course #403 | <input type="checkbox"/> Course #404 | \$ |
| ADD WORKSHOP COLUMNS AND ENTER AMOUNT HERE | | | | \$ |

SPOUSE REGISTRATION – \$50 (INCLUDES FRIDAY NIGHT WELCOME RECEPTION & LUNCH ON SATURDAY)

| | |
|---|----|
| <input type="checkbox"/> Yes, my spouse is coming. SPOUSE NAME: | \$ |
| ADD ALL SECTIONS AND ENTER TOTAL AMOUNT DUE HERE | \$ |

REGISTRATIONS MUST BE RECEIVED BY APRIL 7, 2011

You must register on site and pay additional late fees after April 7, 2011

Did you enter your License/Certification number's above? Did you get Audited in 2010?

If paying by check you must mail CHECK AND COPY of Completed Registration Form to:

T.A.O.P.

9211 West Road, Suite 143-116

Houston, Texas 77064

Contact us for additional information:

201.591.8267 Office ★ 631.910.2027 Fax

Registration Materials, Course Schedule, Etc.

Located on our Website

Web Address: www.taop.org

CREDIT CARD TYPE: [] MasterCard [] Visa [] Discover [] AMEX

Credit Card Number

Expiration Date (MM/YY)

Billing Zip Code

3 Digit Code

Street Address where Billing Statement is mailed

Card Holder Name

Card Holder Signature (By signing this form, you are authorizing TAOP to process and charge your credit card for this event)

YOU MUST FAX THIS COMPLETED FORM TO 631.910.2027