

TEXAS REHABILITATION ASSOCIATION
2009 Annual Conference "Reaching for the Future"

Sunday, August 16, 2009 registration 2:00 p.m. through Tuesday, August 18, 2009, at 1:00 p.m.

Omni Hotel at the Colonnade, San Antonio, Texas, is the conference hotel. Room reservations must be made by **July 24, 2009** to receive the following rates for the nights of August 16-18, 2009: \$125 per night for Single/Double/Triple/Quad room. Please call for reservations to 800-843-6664 as soon as possible, as this is a busy season for the hotel. Request the group rate for "Texas Rehabilitation Association". Free parking is available.

REGISTRATION FEE:	EARLY	REGULAR
NRA/TRA Member	\$225	\$250
Organization Group Rate (3 or more)	\$225 each	\$250 each
Non-Member	\$250	\$275
Full-time Student (incl. membership) (8 hrs. undergrad/6 hrs. grad)	\$150	\$150
Non-working Retirees	\$150	\$150

- EARLY REGISTRATION** must include payment or employer purchase order **AND** be postmarked on or before **JUNE 17, 2009**.
- For full refund, written request for refund must be received 30 days before conference starts. Requests received 15-29 days before conference will be ½ registration fee. No refunds will be made within 14 days of conference.
- Registration fee includes all training sessions, plus one ticket for the President's Reception & one ticket for the Awards Luncheon.
- Extra Tickets for President's Reception & Awards Luncheon must be purchased.**

Name: _____

New NRA/TRA member? _____ First time to attend TRA Conference? _____

Organization/Employer: _____

Address: _____

City/State/Zip: _____ Address Change? Y / N

E-mail: _____ E-Mail Change? Y / N

Daytime Phone: _____ NRA Member # _____

Please contact Shawn Saladin at 956-381-2387 or cell at 956-802-0373 or e-mail to ssaladin@panam.edu by **JUNE 17, 2009**, if you need special accommodations at the conference.

Registration Fee (circle one above) \$ _____
EXTRA President's Reception Tickets ___@ \$15 ea./children under 12 ___@ \$5 ea. \$ _____
EXTRA Awards Luncheon Ticket(s) ___@ \$25 ea \$ _____
Total authorized by cash, check, purchase order, MasterCard & VISA ONLY \$ _____

Employer Purchase order #: _____
 ___ MasterCard
 ___ Visa Card Number _____ Expiration Date: _____

Name on Card (Please print) _____

Address/Zip on card if different than above _____

Signature for credit card (**required**): _____

Please make check or purchase order **PAYABLE TO: TRA**
 MAIL REGISTRATION TO: San Antonio Area Rehabilitation Assoc. PO Box 33972, San Antonio, TX 78265
Visit the TRA website at www.txrehabassoc.org