



TSA 2018 Annual Meeting
EXHIBITOR PURCHASE FORM

September 6!9, 2018 * G\ ck '8 U!Yg. `September 7!8, 2018

COMPANY NAME:
COMPANY CONTACT (NAME):
STREET ADDRESS: CITY: STATE: ZIP:
CONTACT PHONE: E-MAIL ADDRESS:

NAME BADGE INFORMATION

Please print the name of your "2" company representatives who will be attending the meeting. The booth fee includes up to two representatives per booth. For additional representatives, there is a \$75 per person charge.

Name: (Please print clearly)
Name: (Please print clearly)

OPTIONAL PURCHASE INFORMATION (Please print clearly)

26th Annual Golf Tournament

Handicap or average score must be included for valid registration

Name: Handicap/Average Cost Number Charge
\$175/person x

TSA Saturday Lunch in Exhibit Hall
Additional Representatives \$35/person x

Name:
Name: \$75/person x
Name:

Total

Payment Type (select one) Total Amount to be charged:
Check (Made payable to the Texas Society of Anesthesiologists)

or Credit Card TSA Accepts: Discover / Visa / MasterCard / American Express
Credit Card Number (XXXX-XXXX-XXXX-XXXX) CVS Code Exp. Date (MM / YYYY)

Card Billing Address
City State Zip code
Signature: Print Name: As shown on card

Email Address:

For more information or questions regarding the show, please contact the TSA office at 512-370-1659 or via email at a Yfjbl g@tsa.cfl

- Yes, I plan to contribute an item to the Silent Auction to benefit the "Cheers for Research Program".
Yes, I plan to contribute a door prize to the TSA Exhibit Hall.
Yes, I plan to sponsor a TSA event. Please list event
Yes, I plan to participate in sponsoring the TSA Art Exhibit.