

**2010 TVMA ANNUAL CONFERENCE – October 18-20, 2010**  
**College Station Hilton & Conference Center, College Station, TX**  
**EXHIBITOR REGISTRATION FORM**

Company Name: \_\_\_\_\_

Name of Exhibit Coordinator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Web Page URL: \_\_\_\_\_

I am unable to attend the annual conference but have enclosed my \$25 general membership fee. Membership is included in annual conference registration

REGISTRATION LEVELS AND BENEFITS (Please check ONE Only) For More Details Or To Register Go To TVMA.net

Check One	Level	Conference Registrations	Guest Rooms Provided	Special Web Recognition	CLIP Advertising	Cost
	<b>PLATINUM</b>	<b>2</b>	<b>1 Suite for 2 nights</b>	<b>Yes</b>	<b>Yes</b>	<b>\$2,000</b>
	<b>GOLD</b>	<b>1</b>	<b>1 Room for 2 nights</b>	<b>Yes</b>	<b>Yes</b>	<b>\$1,500</b>
	<b>SILVER</b>	<b>1</b>	<b>None</b>	<b>Yes</b>	<b>Yes</b>	<b>\$1,000</b>
	<b>BRONZE</b>	<b>1</b>	<b>None</b>	<b>Yes</b>	<b>No</b>	<b>\$650</b>
	<b>NICKEL</b>	<b>1</b>	<b>None</b>	<b>No</b>	<b>No</b>	<b>\$400</b>
<b>Line 1 Amount Due:</b>						<b>\$</b>

**ADDITIONAL OPTIONS (Check all that apply)**

Quantity	Description of Option	Conference Registrations	Guest Rooms Provided	Cost	Each Extension
	<b>Additional conference attendees</b>	<b>1</b>	<b>None</b>	<b>\$100 by 9/17/10</b> <b>\$125 after 9/17/10</b>	
	<b>Training Seminar attendees</b>	<b>1</b>	<b>None</b>	<b>\$100 by 9/17/10</b> <b>\$125 after 9/17/10</b>	
	<b>Spouse or Guest Pass (banquets, luncheons, social, breaks)</b>	<b>1</b>	<b>None</b>	<b>\$50</b>	
	<b>Scholarship Golf Tournament Entry</b>	<b>None</b>	<b>None</b>	<b>\$75</b>	
	<b>Sponsorship: Luncheon or Social</b>	<b>2</b>	<b>1 Suite for 2 nights</b>	<b>\$3,000.00</b>	
	<b>Sponsorship: Break or Breakfast</b>	<b>1</b>	<b>1 Room for 2 nights</b>	<b>\$1,500.00</b>	
	<b>Co-Sponsorship: Luncheon or Social</b>	<b>None</b>	<b>None</b>	<b>\$500.00</b>	
	<b>Supporter: Food and Beverage</b>	<b>None</b>	<b>None</b>	<b>\$250.00</b>	
<b>Line 2 Amount Due:</b>					<b>\$</b>
<b>TOTAL DUE TVMA: Sum of Line 1 and Line 2</b>					<b>\$</b>

**PAYMENT OPTIONS (Please select ONE)**

Check Enclosed    -or-     MasterCard     Visa     Discovery     American Express

Check being Processed by Company (payable to TVMA)

Credit Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail Form with Payment to TVMA – c/o CHB Consulting, 145 W Travis, La Grange TX 78945

Fax: 979-968-5624 Email: [kay.dippel@chbinc.org](mailto:kay.dippel@chbinc.org)

TVMA Tax ID: 76-0415282: For More Information – Contact John Mason at 512-416-3081 or Scott Dunham at 979-255-3980