

2010 SWPRTI REGISTRATION FORM

Last Name: _____ **First Name:** _____ **MI:** _____

Name For Conference Badge: _____

Title: _____ **Phone Number: ()** _____

Agency: _____

E-mail Address: _____

Mailing Address or P. O. Box: _____

City: _____

State: _____ **Zip Code:** _____

TYPE OF REGISTRATION	AMOUNT	- check your fee(s) -
• Pre-registration (January 19, 2010)	\$90.00	<input type="checkbox"/>
• Full Conference (after January 19, 2010)	\$100.00	<input type="checkbox"/>
• Daily Registration	\$50.00	<input type="checkbox"/>
• NON-ATTENDANCE Membership	\$20.00	<input type="checkbox"/>
• CEU Credits	\$18.00	<input type="checkbox"/>
• Scholarship Contribution	\$	
	TOTAL \$	<input style="width: 150px; height: 20px;" type="text"/>

PURCHASE ORDER #: _____

Cancellation requests must be received at least five (5) days prior to the Institute starting date in order to qualify for a full refund – less the \$20 membership fee (emergency cancellations will be approved on a case by case basis).

Please make checks payable to: **SWPRTI**

Mail form and payment to: **SOUTHWEST PARK AND RECREATION
TRAINING INSTITUTE
P. O. BOX 330154
FORT WORTH, TEXAS 76163**

Phone #: 817-292-8974 FAX #: 817-361-8515 Email: lampe@swprti.org

ATTENTION FINANCE DEPARTMENT/ACCOUNTS PAYABLE: When mailing check for pre-registration, an Institute Registration Form (this page) or each individual must accompany payment.

For Credit Card Payment - Master Card - Visa

Card#: _____ **Exp Date (mm/yy):** _____ / _____

Name on Card: _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Phone #: _____ **Signature:** _____