

ETA FALL CONFERENCE – October 28 and 29, 2008



Golf is October 28 at Tour 18

Seminar is October 29 at Holiday Inn Intercontinental Airport

Special room rate for ETA attendees while available.

Call early for reservations as room availability is not guaranteed.

REGISTRATION FORM

>>> Late Registration Penalty. See below. <<<<

Qty. Item	Fee Before Deadline	Fee After Deadline
___ Seminar - includes Continental breakfast, break refreshments and lunch.	\$ 145.00 before 10/24/08	\$ 175.00 after 10/24/08 ^{##}
___ Seminar & Dinner	\$ 165.00 before 10/24/08	\$ 195.00 after 10/24/08 ^{##}
___ All Events for one person	\$ 270.00 before 10/17/08	\$ 320.00 after 10/17/08 ^{##}
___ Golf and Dinner October 28 at Tour 18	\$ 125.00 before 10/17/08	\$ 155.00 after 10/17/08 ^{##}
___ Foursome Golf and 6:30 Dinner	\$ 400.00 before 10/17/08	\$ 475.00 after 10/17/08 ^{##}
___ 6:30 Dinner Only	\$ 45.00 before 10/17/08	\$ 60.00 after 10/17/08 ^{##}

Only if space is available

\$ _____ Sponsorship Amount Corporate: \$ 500, Bonus: \$ 300, Regular: \$150	Sponsor names will be displayed on the website, in promotional materials, on a banner displayed at all events and mentioned prominently by the moderator at each event.
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_____ **Total** (To pay by credit card, fill out cc form at the end and **fax to 713-464-0702 or call Russell at 713-528-2868**)

1. Your Name _____
 Company _____
 Address _____
 City, State, Zip _____
 Phone _____
 Email _____
 Handicap (HC) _____

2. Guest (or TBN) _____
 Company _____ HC _____

3. Guest (or TBN) _____
 Company _____ HC _____

4. Guest (or TBN) _____
 Company _____ HC _____

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FAX REGISTRATION AND MAIL PAYMENT TO:

ETA Foundation, 3303 Main, Ste. 207, Houston TX 77002-9321

Contact: Ernest or Russell Powell 713-528-2868 or fax 713-464-0702.

E-mail empowell@hal-pc.org

Credit Card Information (to fax to ETA Office 713-464-0702) **or Call** Russell Powell at: 713-528-2868

\$ _____ **Total amount**

Check Visa MasterCard American Express Discover

Card # _____

Exp. Date _____

Name (on credit card) _____

Billing address: _____

City: _____ State: _____ Zip: _____