



Group Registration Form

Purchasing 5 or more TCEA registrations at once is very beneficial!

Event Name: _____

TCEA Member Price: _____

TCEA Non-Member Price: _____

step one

Insert the registration fees based on the amounts listed online at: www.tcea.org/learn

Primary Contact Name _____

District _____

Phone _____

Email _____

step two

Your contact information (or who should be contacted with questions on this group registration)

Purchase Order

P.O. # _____

(A copy of the purchase order must be sent by fax, mail, or email within 30 days of submitting this form. P.O. number alone will not serve as payment.)

Check

Check # _____ Amount on Check _____

Credit Card

Credit Card # _____ CSV _____ Expiration ____/____

Type (circle): Master Card | American Express | Visa | Discover

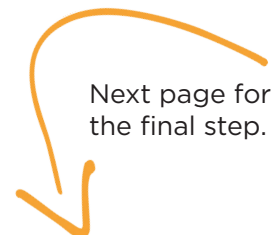
I authorize TCEA to charge \$ _____

Name on Card _____

Cardholder's Signature _____

step three

Please indicate payment information or submit within 30 days of this request. Registrations not paid within 30 days will be cancelled.



Next page for the final step.

