



Texas Agricultural Aviation Association

Register 2024

January 10-12, 2024 • Corpus Christi, TX

REGISTRANT INFORMATION (for individual attendee):

Please complete a separate form for each additional registrant.

Registrant's Name: _____

Preferred name for badge: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____

E-mail Address: _____

RETURN FORM & PAYMENT TO:

TAAA
1005 Congress Ave Ste 480 Austin,
Texas 78701
taaa@thetexascapitol.com

CANCELLATION POLICY

Full refund granted if written
request received prior to
January 1, 2024.

CONVENTION REGISTRATION PACKAGE:

\$ 325

Full registration includes six hours of TDA approved re-certification and education sessions; access to all events which include the Welcome Reception, Exhibit Hall, Governmental Luncheon, and Awards Banquet. The PAASS Program is included in the full convention registration.

SPOUSE ADD-ON (access to all events)

\$ 60

Spouse's Name: _____

(No additional form required for spouse. Spouse fee includes access to Welcome Reception, Exhibit Hall, Governmental Luncheon and Awards Banquet.)

PAASS ONLY (Friday)

\$ 225

HOTEL RESERVATIONS

Call The Omni Bayfront Hotel (1-800-THE-OMNI) to make your room reservation by **January 2, 2024** and receive the TAAA Group Rate of \$149/night.

To ensure you receive TAAA Member prices, please PAY your 2024 Membership Dues BEFORE you register

Questions? Contact the TAAA office at 512-565-0448 or email taaa@thetexascapitol.com

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EXTRA INDIVIDUAL TICKETS & SUPPLEMENTAL EVENTS

Governmental Luncheon	# ____ x \$45	\$ _____
Kids Luncheon Ticket (12 and under)	# ____ x \$15	\$ _____
Awards Banquet	# ____ x \$60	\$ _____
Kids Banquet Ticket (12 and under)	# ____ x \$15	\$ _____
Exhibit Hall Access Only	# ____ x \$50	\$ _____
<i>Includes Welcome Reception, two-day exhibit hall access and breakfast in exhibit hall on Friday.</i>		
Golf event	# ____ X \$100	\$ _____
Name(s): _____		
Women's Program	# ____ X \$0	\$ <u>Free</u>
List Name(s): _____		

CONVENTION REGISTRATION

Add all amounts from both pages of form.

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TOTAL \$ _____

CREDIT CARD INFORMATION

Select card type: VISA Mastercard AMEX OTHER

on card: _____

Card Number: _____

CVV: _____ Exp. Date (mo/year): _____

Billing Street Address: _____

Zip Code: _____ Total to be charged: \$ _____

Make checks payable to TAAA

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