



2009 Conference Planning Committee

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Pay by Check Form: SRC 2009

Date: _____

SMPS Member No. _____

Name: _____

Company Name: _____

Street Address: _____

City, State Zip: _____

email: _____

Tel: _____ Fax: _____

Registration Costs:

Firms with 4 or more attendees will receive Member Rates.

September 1st - December 19th:

Member\$ 325.00

Non-Member\$ 375.00

December 20th – January 23rd:

Member\$ 400.00

Non-Member\$ 475.00

Wednesday night event for Guest/spouse:..... \$ 35.00

Thursday night event for Guest/spouse:\$ 75.00

Total\$ _____.

Please send checks to:
SMPS Southern Regional Conference
c/o Jennifer Ellestad
9607 Willowbridge Park Blvd
Houston TX 77064

Full registration cost paid minus a \$25 processing fee will be refunded if you cancel two weeks prior to the start of the conference. Cancellations must be made in writing to one of the conference co-chairs, Jana J. Monforte at jmonforte@wallacesc.com and/or Karla Kahn at KKahn@walterpmoore.com

To pay online with credit card please visit www.smpsdfw.org/events/247.