



**PROFESSIONAL BONDSMEN OF TEXAS
50th ANNIVERSARY CONVENTION
October 7 - 9, 2020, Menger Hotel, San Antonio, TX**

ATTENDEE REGISTRATION FORM

YOUR NAME FOR BADGE(print) _____
 Company _____ Phone _____
 Address: _____ City _____ State _____ Zip _____
 Email _____ County _____

ALL ATTENDEES MUST ANSWER THE FOLLOWING QUESTIONS

How long have you been a Member of PBT? _____ Is this your 1st PBT Convention? Yes _____ No _____
 Will you be attending the Wednesday Welcome Reception? ___ Yes ___ No (you must check one for a ticket)
 Will you be attending the Thursday Dinner & Auction? ___ Yes ___ No (you must check one for a ticket)
 Will you be attending the Friday luncheon? ___ Yes ___ No (you must check one for a ticket)
 Are you attending for Bail Bond Course Credit? ___ Yes ___ No (you must check one for a CE Certificate)
 Will you be donating an item to the Auction? ___ Yes ___ No ___ Maybe

All Registrations include all Activities: Sessions, Reception, Meal functions. Members and non-members include a CE Certificate if Marked "Yes" Above.

	<u>Before 9/23</u>	<u>After 9/23 Or Onsite</u>
Members – Full & Associate Members with Dues Paid		
Full Registration	\$300	\$350
Name for CE Certificate if different than above: _____		
Non-Members (No Voting rights)		
Full Registration <u>PLUS</u> PBT membership	\$600	\$650
Full Registration Only	\$400	\$450
Name for CE Certificate if different than above _____		
Elected Official/Non-Bail Bond Agent Bail Bond Board Member and Non-Bail Agent Spouse or Guest (No course certificate is given)	\$175	\$200

Your Position (if applicable) _____

Spouse/Guest Name for Name Badge: _____

PAYMENT INFORMATION

Onsite Registration—www.pbttx.com—Event Tab

Check or Money Order – fax this form to 1-844-653-7409 and mail check payable to PBT, 3616 Far West Blvd, #117-366, Austin, TX 78731 or Email to: txbailbondassoc@gmail.com

Payment MUST be received by Sept. 23, 2020 to avoid the late fee.

TOTAL AMOUNT \$ _____

Credit Card Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: _____

Name on Card (please print): _____ Signature: _____

Billing Address: _____ City: _____ ST: _____ Zip: _____

Refund Policy: All cancellation notices must be made in writing and a \$50 administrative fee will be charged. No refunds after 9/23/2020.