



Professional Bondsmen of Texas

2019 PBT BOARD and MEMBERSHIP MEETING

REGISTRATION FORM

Crowne Plaza Austin
6121 N. IH-35, Austin, TX 78752
Reservations : 512-323-5466 PBT Room Rate \$99
Crowne Plaza Hotel Room Cut Off March 28th, 2019

Call the hotel and ask for the Professional Bondsmen room block to receive the special rate. **Check-in is 3:00pm, check out is 12noon.**
 For more information, call PBT at 512-701-7313.

Schedule of Events (tentative)

Day	Times	Event	Location
Wednesday 4-10-19	12pm Noon	Golf Bus Leaves Hotel 10:30am	Avery Ranch Golf Club
	5:30pm – 7:30pm	3 rd Annual BBQ Party	Crowne Plaza Hotel Poolside
Thursday 4-11-19	8:30am – 10:00am	Committee(s) Meetings	Crowne Plaza Salon A,B,C
	10:00am - 12:00pm	Board Meeting / General Membership Meeting	Crowne Plaza Salon A,B,C
Friday 4-12-19	8am – 5pm	Bail Bond Course Use separate registration form	Crowne Plaza Salon A,B,C

<u>Fees</u>	Early Registration April 5, 2019	Late Registration After April 5, 2019	Total Paid
PBT Paid Members before Apr. 5, 2019	\$75	\$95.00	\$ _____
Non Members	\$100	\$120.00	\$ _____
Non-Bail Agent Guest/Spouse*	\$30	\$50.00	\$ _____
* Includes BBQ. Does not include the meetings.			
Guest/Spouse Name _____		Total Amount: \$ _____	

PBT Membership Meeting REGISTRATION FORM

Name: _____

Company: _____ County: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____ Email _____

Board Meeting Payment Information **DO NOT USE THIS FORM FOR THE BAIL BOND COURSE**

Privacy Policy: All Credit Card Information is kept strictly confidential.

*Registrations & payments received less than 7 days prior to class date & on-site will be assessed a \$20 late fee.

Checks and Money Orders make Payable to PBT. Fax your registration form to **844-653-7409** or mail your payment and form to:
PBT, 3616 Far West Blvd. Ste. 117 #366, Austin, TX 78731

Check One: Check or Money Order **Credit Card:** Visa MasterCard Discover Card AMX

Number: _____ Expiration Date: _____ Total Amount _____

Print Name on Card: _____ Signature: _____

Billing Address: _____ City: _____ State: _____ Zip _____