

**APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_



PAYMENT TYPE:  
? VISA #: \_\_\_\_\_

EXP: \_\_\_\_\_

? MASTERCARD#: \_\_\_\_\_

EXP: \_\_\_\_\_

CHECK (MADE OUT TO TXRPC)#: \_\_\_\_\_

\*TOTAL PAYMENT AMOUNT: \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

FAX APPLICATIONS TO 281-363-8717 ATTN: LEAH

MAIL TO: TXRPC/O LEAH KENNEDY  
162 RAMWIND CT  
THE WOODLANDS, TX 77385

*\*PLEASE NOTE THAT THE TOTAL PAYMENT AMOUNT WILL BE THE ENTIRE CHECK OR CC CHARGE AMOUNT. HOWEVER, EACH PERSON ATTENDING SHOULD FILL OUT AN APPLICATION TO ENSURE THAT THEY RECEIVE THE CEU'S OFFERED.*

*\* \$55 AT THE DOOR*

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