



# 2025 Conference Registration

## TAAE's 35<sup>th</sup> Annual Conference and Exhibition

### TAAE: "35<sup>th</sup> Emerald Celebration Lets Grow Together"

**Embassy Suites by Hilton Houston Energy Corridor, Houston, Texas June 30 – July 2, 2025**

**Registration for the TAAE Conference (If you are submitting a school PO you must use the School Address below)**

Full Name: \_\_\_\_\_

School ISD: \_\_\_\_\_

School Name: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_

Home Email: \_\_\_\_\_

Type	Early Bird Feb1 – Feb28	Mar 1 – Apr. 30	May 1 – June 9	Amount
TAAE Member Registration	\$300	\$350	\$400	\$ _____
Non-Member Registration	\$350	\$400	\$450	\$ _____
TAAE New Member or Membership Registration:			\$50	\$ _____

Refunds and cancellations will be honored through Monday June 9, 2025 by noon. After that you can substitute someone in your place, but no refunds are allowed due to weather, illness etc. unless the conference is cancelled. Inclement weather conditions may come into play annually. If the TAAE Conference is held, expenses with hotel are set after June 9, 2025 and cannot be refunded due to lack of participation unless TAAE cancels the conference totally.

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PO	Check	Visa	MasterCard	Discover	Amx

Checks should be made payable to "TAAE". **Must have school address above for use of P.O. Number.**

**P.O., Credit Card Information and Checks must arrive at our office prior to June 9, 2025 to receive early bird discount and to secure attendance on roster.**

Email this form to : [sawmhq@gmail.com](mailto:sawmhq@gmail.com)

Mail to : TAAE, 2202 S. 51<sup>st</sup> Street, Temple, TX 76504

Fax to : 254-613-9099

**Amount Due: \$ \_\_\_\_\_**

PO #: \_\_\_\_\_ Check: \_\_\_\_\_ Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_