

CONVENTION REGISTRATION

32nd Annual Convention and Trade Show • April 7-10, 2010 • Tucson, AZ

Please print or type information. Please make sure your form is complete and legible prior to submission. Each individual other than spouses must have a separate form. If additional forms are needed, photocopy for each person. *Exhibitors DO NOT use this form.*

Registrant's Full Name _____		First Name for Badge (if different) _____	
Title Company _____			
Address _____			
City _____	State _____	Country _____	Postal Code _____
Phone _____	Fax _____	E-mail _____	
Spouse's Full Name (only if registering a spouse) _____		Spouse First Name for Badge (if different) _____	
Registrant's affiliation with TIA: <input type="checkbox"/> Member <input type="checkbox"/> Associate <input type="checkbox"/> Other _____			
<input type="checkbox"/> I have a disability that requires special assistance (Staff will call you).			
<input type="checkbox"/> I would like to contribute to the TIAPAC silent auction. Please call me.			
I will attend:			
<input type="checkbox"/> Opening Night Reception on Wednesday.			
<input type="checkbox"/> Women in Logistics Luncheon on Thursday.			
<input type="checkbox"/> PAC Breakfast on Saturday (separate contribution required)			
<input type="checkbox"/> Next Generation Lunch on Saturday.			
<input type="checkbox"/> Topic Table Lunch on Saturday.			
<input type="checkbox"/> Awards Dinner on Saturday Night.			

Register Today!

Online:
www.tianet.org

By Mail:
1625 Prince St, Ste. 200
Alexandria, VA 22314

By Fax:
703-836-0123

How did you learn about the TIA Convention?

REGISTRATION FEES

	Postmarked by 2/23	Postmarked after 2/23	
TIA Members & Associates	\$550	\$650	\$ _____
Add'l Representative from Member or Associate Company	\$495	\$595	\$ _____
Non-Members & Non-Associates	\$650	\$750	\$ _____
Add'l Representative from Non-Member or Non-Associate	\$595	\$695	\$ _____
Single Day Registration (please specify day <input type="checkbox"/> 4/8 <input type="checkbox"/> 4/9 <input type="checkbox"/> 4/10)	\$360 per day	\$410 per day	\$ _____
Spouse Registration	\$360	\$410	\$ _____
IMPORTANT: Add \$100 if you are not staying at the Hilton Tucson El Conquistador (your credit card will be charged or you will be billed if your name does not appear on the hotel listing)			\$ _____
TOTAL FEES ENCLOSED			\$ _____

CANCELLATIONS

Cancellations, unless otherwise indicated, must be in writing and received by February 23, 2010, and will be subject to a \$100 cancellation fee. No refunds will be made after that date. Substitutions may be made only if received in writing by March 19, 2010. By registering for this meeting, I acknowledge that I understand and am bound by all rules of registration.

Signature _____

METHOD OF PAYMENT NOTE: Registration will not be processed without payment.

Check Payable to TIA in US Funds Credit Card Visa MC AmEX

Card Number _____ Exp. Date _____

Name as it appears on card (please print) _____

Billing Address (if different from above) _____

Signature _____

Join TIA Today!

New TIA members will receive a \$100 credit towards their first year dues and are eligible to receive the member meeting registration rate.

That's over \$200 in savings!

CONVENTION REGISTRATION

Please check the box for the seminar you wish to attend.

Pre-Convention Seminars

- Marketing Strategies in the 3PL World
- William J. Augello's "Transportation, Logistics and the Law" for 3PLs!
- Fundamentals of LTL Transportation: Operations, Pricing and Technology

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Registrant's Full		Name First Name for Badge (if different)	
Title	Company		
Address			
City	State	Country	Postal Code
Phone	Fax	E-mail	

I have a disability that requires special assistance (Staff will call you).

REGISTRATION FEES

TIA Members & Associates.	\$500	_____
Add'l Representative from Member or Associate Company.	\$450	_____
Non-Members & Non-Associates.	\$650	_____
Add'l Representative from Non-Member or Non-Associate.	\$600	_____

METHOD OF PAYMENT

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The TIAFoundation presents the

2010 Golf Tournament

All proceeds will go to the TIAFoundation.

Register as an individual golfer or as a foursome. This is a great opportunity for exhibitors to treat customers to a day of friendly golf competition. Maximum handicap is 36 for men and 40 for women. Foursomes will be balanced and final pairings will be the responsibility of tournament manager. Prizes will be awarded in net and gross score categories. Please complete the registration form and send it with your payment to TIAFoundation. All payments must accompany this form.

Player #1 _____

Company _____

Address _____

City/State/Zip _____

Telephone Fax _____

E-mail _____

Handicap or average of last 5 rounds _____

Rental Clubs Right Left I will: Ride the bus Drive

Player #3 _____

Company _____

Address _____

City/State/Zip _____

Telephone Fax _____

E-mail _____

Handicap or average of last 5 rounds _____

Rental Clubs Right Left I will: Ride the bus Drive

Player #2 _____

Company _____

Address _____

City/State/Zip _____

Telephone Fax _____

E-mail _____

Handicap or average of last 5 rounds _____

Rental Clubs Right Left I will: Ride the bus Drive

Player #4 _____

Company _____

Address _____

City/State/Zip _____

Telephone Fax _____

E-mail _____

Handicap or average of last 5 rounds _____

Rental Clubs Right Left I will: Ride the bus Drive

FEES

Golf _____ @ \$225 (\$115 is tax deductible)

Rental Clubs _____ @ \$90

Total Due \$ _____

Fees include round trip bus transportation, greens fee, cart, gifts and awards, continental breakfast and practice facilities. Cancellations that are received in writing postmarked by March 19, 2010 will receive a full refund. Cancellations postmarked after March 19, 2010 will not receive a refund. The persons listed above assume full personal liability and hold harmless all parties involved in the planning, organization, and hosting of this golf event.

Substitutions may be made only if received in writing.

Registration Deadline March 19, 2010

METHOD OF PAYMENT

NOTE: Registration cannot be processed without payment

- Check (**Payable to TIAFoundation in US Funds. Mail check and registration form to: TIA, 1625 Prince Street, Suite 200, Alexandria, VA 22314**)
 Credit Card Visa MC AmEx **Form can be mailed to TIA, or faxed to 703-836-0123**

Card Number _____ Exp. Date _____

Name as it appears on card (please print) _____

Billing address if different than above _____

Signature _____