



2014 TPAC CONVENTION REGISTRATION

Renaissance Hotel| Long Beach, CA | April 24 - 25, 2014

REGISTRATION INFORMATION: (PLEASE TYPE OR PRINT CLEARLY)

Member/Nonmember Name: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

E-Mail: _____

REGISTRATION TYPE: (Check One)

- ☐ Regular Member ☐ Associate Member ☐ Nonmember
- ☐ Corporate Sponsor (First registration fee waived for \$3,000+ sponsorship. Sponsorship form must be filled out and submitted with registration form to receive waived registration.)

****Special:** Nonmembers wishing to join TPAC can apply up to \$150 of the first attendee's registration fee toward membership dues when submitting a membership application along with the Convention registration form. (Nonmembers are companies that have not previously been a member of TPAC.)

REGISTRATION FEES: (Includes all functions scheduled as part of the convention.)

Category:	Early Bird Registration By Monday, March 24, 2014	After Monday, March 24, 2014	At the Door April 24, 2014
Regular/Associate Members:			
First Member Registrant	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Additional Company Registrant(s)	<input type="checkbox"/> \$350 x _____ ppl	<input type="checkbox"/> \$450 x _____ ppl	<input type="checkbox"/> \$500 x _____ ppl
Member Spouse/Guest	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400
**Non-Members			
First Nonmember Registrant	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650	<input type="checkbox"/> \$700
Additional Nonmember Registrant(s)	<input type="checkbox"/> \$450 x _____ ppl	<input type="checkbox"/> \$550 x _____ ppl	<input type="checkbox"/> \$600 x _____ ppl
Spouse/Guest	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500

NAMES OF ADDITIONAL REGISTRANTS: (copy form if more space is needed for registrants)

1. _____ 2. _____
3. _____ 4. _____

TOTAL REGISTRATION FEES:

First Member Registrant	\$ _____
Additional Member Registrant(s)	\$ _____
Member Spouse/Guest Registrant	\$ _____
First Nonmember Registrant	\$ _____
Additional Nonmember Registrant(s)	\$ _____
Nonmember Spouse/Guest	\$ _____
TOTAL	\$ _____

CANCELLATION POLICY

In the event it necessary to cancel participation in the 2014 TPAC Convention, registration fees will be refunded as follows: For cancellations prior to April 1, 2014, a 50% refund in registration fees will apply. All cancellations after March 27, 2014, will not receive a refund. All cancellations must be in writing – postmarks will be controlling.

PAYMENT INFORMATION:

☐ AMEX ☐ MasterCard ☐ Visa ☐ Check # _____ (Make checks payable to TPAC)

Card Number _____ Security Code* _____

Name of Cardholder _____ Expiration Date _____

Card Billing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

*The Security Code is a 3-digit number on the back of your card following your card number. AMEX is 4 digits and located on front of the card.

PLEASE SEND COMPLETED REGISTRATION TO:

2014 TPAC Convention/Tradeshow, 1415 L Street, Suite 1100, Sacramento, CA 95814

OR EMAIL: mshetler@aaronread.com



2014 TPAC CONVENTION SPONSORSHIP OPPORTUNITIES

All Sponsors will receive recognition in the convention program and during their sponsored event.

Prominently displayed signage will announce your organization as a sponsor. Also, the first registration fee is waived for \$3,000+ sponsorship. The sponsorship form must be filled out and submitted with your registration form to receive waived registration.

Wednesday, April 23, 2014

() Golf Lunch - \$1,000 (or a portion thereof)

INDICATE YOUR SPONSORSHIP LEVEL

\$ 1K (Gillespie)

() Golf - \$3,000 (or a portion thereof)

\$

Thursday, April 24, 2014

() Luncheon - \$3,000 (or a portion thereof)

\$

() Refreshment Break - \$1,000 (or a portion thereof)

\$ 1K (DDS)

() Welcome Reception - \$5,000 (or a portion thereof)

\$ 2.5K CMT/2.5K MK

Friday, April 25, 2013

() Buffet Breakfast - \$2,000 (or a portion thereof)

\$

() Refreshment Break - \$1,000 (or a portion thereof)

\$ 1K (SoCal Gas)

() Luncheon - \$2,000 (or a portion thereof)

\$

() Refreshment Break - \$1,000 (or a portion thereof)

\$

() Reception - \$2,000 (or a portion thereof)

\$

() Dinner - \$3,000 (or a portion thereof)

\$

COMPANY NAME AS IT IS TO APPEAR ON SIGNAGE:

SPONSOR PAYMENT INFORMATION:

☐ AMEX ☐ MasterCard ☐ Visa ☐ Check # _____ (Make checks payable to TPAC)

Card Number _____ Security Code* _____

Name of Cardholder _____ Expiration Date _____

Card Billing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

*The Security Code is a 3-digit number on the back of your card following your card number. AMEX is 4 digits and located on front of the card.



2014 TPAC CONVENTION GOLF REGISTRATION

JOIN US!

Wednesday, April 23, 2014
Pre-Convention Golf
El Dorado Park Golf Course

2400 N. Studebaker Rd.
Long Beach, CA 90815

This is a sponsored event. Lunch is included.

YOUR COMPANY NAME: _____

1st Company Player

Name: _____

Handicap: _____

Club Rental Needed?: ☐ No ☐ Yes If yes, a \$_____ rental fee will apply, payable to course before tee-off

If renting clubs, please check the appropriate boxes:

☐ Male

☐ Female

☐ Right-Handed

☐ Left-Handed

2nd Company Player

Name: _____

Handicap: _____

Club Rental Needed?: ☐ No ☐ Yes If yes, a \$_____ rental fee will apply, payable to course before tee-off

If renting clubs, please check the appropriate boxes:

☐ Male

☐ Female

☐ Right-Handed

☐ Left-Handed

Below please list the names of other convention attendees you would like to golf with.

Name: _____

Name: _____

Name: _____

Name: _____



2014 TPAC CONVENTION Driver of the Year Nomination Form

To assist the TPAC awards selection process in selecting the recipient(s) of this honor, please complete this nomination form and e-mail it to mshetler@aaronread.com or fax it to the TPAC office at (916) 448-0430, no later than March 3, 2014.

List the nominee's achievements, contributions, and honors as completely as possible. The Awards Selection Committee encourages you to provide a thorough resume of information. Please use additional pages where required.

PLEASE NOTE:

The selection process for "TPAC Driver of the Year" award will consider the following information:

1. Achievements on behalf of the company
2. Special services to and/or leadership in the taxicab industry
3. Customer service compliments received from your clients
4. Community service and/or charitable work

Please fill out the following information:

DRIVER'S NAME _____

TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

1. How long has the nominee been a driver for your company? _____ Years.

2. Has the nominee received other awards or accolades? ☐ Yes ☐ No

If yes, please provide details of the award or accolades below:

3. Achievements on behalf of your company: Please list activities that the nominee has been involved with from which you believe your company has benefitted. Include achievements in company growth, service quality, public and government relations, etc...

4. Customer Service Comments: Please list a few comments you have received regarding the service the nominee has provided to his/her customers.

5. Other Activities: Please list other activities that, in your opinion, qualifies this individual for the TPAC Driver of the Year Award.

Please fill out your information:

NOMINATED BY _____

COMPANY _____

TELEPHONE _____

EMAIL _____